

VISITOR INFORMATION

WAYNE COUNTY PRISON

Addressee	Institution	Date
	Re: (Inmate's Name)	

Visitor Name: _____: I am requesting that you be included among my approved visitors. In order to establish your suitability as a visitor, it may be necessary for institution officials to send an inquiry to an appropriate law enforcement or crime information agency to ascertain whether or not placing you on my visiting list would be present a management problem for the institution, or have other possible adverse effects. The information obtained will be used to determine your acceptability as a visitor.

In order for you to be considered for the visiting privilege with me, it will be necessary for you to fill out the questionnaire and release form below and return it to the following address: Wayne County Prison Warden's Office, 925 Court Street, Honesdale, PA 18431

You are not required to supply the information requested. However, if you do not furnish the information, the processing of your request will be suspended, and you will receive no further consideration. If you furnish only part of the information required, the processing of your request may be significantly delayed. If the information withheld is found to be essential to the processing of your request, you will be informed, and your request will receive no further consideration unless you supply the missing information. Although no penalties are authorized if you do not supply the information requested, failure to supply such information could result in your not being considered for admittance as a visitor.

1. Legal Name	2. Date of Birth	3. Address (Including Zip Code)
4. Telephone Number (Include Area Code)	5. Race and Sex of Visitor	
6. Are you a U.S. Citizen? _____ Yes _____ No	6a. If yes, provide Social Security No.: _____ 6b. If no, provide Alien Registration No: _____ 6c. Provide Passport No: _____	
7. Relationship to above-named inmate	8. Do you desire to visit him/her? _____ Yes _____ No	
9. Did you know this person prior to his/her current incarceration? _____ Yes _____ No		
10. If answer to #9 is yes, indicate the length of time you have known this person and where the relationship developed.		
11. Have you ever been convicted of a crime? If so, state the number, date, place, and nature of the conviction(s):		
12. Are you currently on probation, parole, or any other type of supervision? If so, state the name of your supervising probation/parole officer and the address and telephone number where he/she can be contacted:		
13. Do you correspond or visit with other inmates? If so, indicate the individual(s) and their locations(s):		
14. Driver's License No. and State of Issuance		

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize release to the Warden of Wayne County Prison any record of criminal offenses for which I have been arrested and convicted, and any information related to those convictions.

Signature for Authorization to Release Information (Sign and Print Name) (Sign and Print Name) Parent or Guardian
 (If applicant is under 18 years of age, signature of parent or guardian indicates consent of minor to visit inmate)

If additional space is required, you may use the back of this form.

RETURN THIS FORM TO: Attention: Warden WAYNE COUNTY PRISON
 44 Midwayne Drive, Honesdale, PA 18431