

- \* MUST BE FILLED OUT AT LEAST 24 HOURS BEFORE VISITING
- \* IF APPROVED, WILL BE ADDED TO YOUR LIST AFTER CLASSIFICATION
- \* IF NOT COMPLETED FULLY, FORM WILL BE RETURNED

## DODGE COUNTY DETENTION FACILITY INMATE VISITOR LIST FORM

INMATE NAME: \_\_\_\_\_ JID#: \_\_\_\_\_

### VISITOR INFORMATION PLEASE PRINT

LAST NAME	FIRST NAME	FULL MIDDLE NAME
ADDRESS:		APARTMENT#:
CITY:	STATE:	ZIP:
COUNTY:	COUNTRY:	
PHONE NUMBER: AREA CODE (    )    -		
RACE:	SEX:	BIRTHDATE: / /
CITY OF BIRTH:		STATE OF BIRTH:
U.S. CITIZEN? YES/NO	SOCIAL SECURITY#:	
DRIVERS LICENSE #:		STATE ISSUED
RELATIONSHIP TO INMATE:		
DOES THIS VISITOR REPLACE SOMEONE ALREADY ON YOUR LIST? YES/NO		
IF THIS VISITOR REPLACES SOMEONE, WHO IS THAT PERSON?		

### THIS SECTION TO BE COMPLETED BY JAIL PERSONNEL

VISITOR #:	ENTERED BY:
REPLACES VISITOR #:	10-29 RUN BY: