



## State of West Virginia Division of Juvenile Services

1200 Quarrier Street, 2nd Floor  
Charleston, WV 25301

\*\*\*If you have completed this form for the same resident at another juvenile facility, do not complete this form again. Please contact the juvenile facility where the resident is located.

### VISITING REQUEST

The Juvenile Facility Director or Superintendent has the authority to deny your visit even if your background check has been approved. Please contact the facility where the resident is located for background check approval and to schedule visits.

RESIDENT NAME: \_\_\_\_\_ FACILITY NAME \_\_\_\_\_ DJS # \_\_\_\_\_

VISITOR'S FULL NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
(First) (Middle) (Last)

MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHYSICAL ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_

DATE OF BIRTH: (Month/Day/Year) \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

MAIDEN NAME (if applicable) \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

RELATIONSHIP TO RESIDENT \_\_\_\_\_

ARE YOU RELATED TO ANY OTHER RESIDENT(S) AT ANY JUVENILE FACILITY? YES \_\_\_\_\_ NO \_\_\_\_\_

(IF YES, PLEASE COMPLETE THE FOLLOWING):

RESIDENTS NAME \_\_\_\_\_ DJS NO: \_\_\_\_\_

RESIDENTS NAME \_\_\_\_\_ DJS NO: \_\_\_\_\_

ARE YOU VISITING ANY OTHER RESIDENT(S) AT ANY OTHER JUVENILES FACILITY AT THE PRESENT TIME?

\_\_\_\_\_ YES \_\_\_\_\_ NO

RESIDENT NAME: \_\_\_\_\_ DJS NO: \_\_\_\_\_

RESIDENT NAME: \_\_\_\_\_ DJS NO: \_\_\_\_\_

ARE YOU CURRENTLY UNDER INDICTMENT FOR A CRIME?  YES  NO

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.

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HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

IF YES, PLEASE STATE DATE OF CONVICTION, CRIME(S) FOR WHICH CONVICTED, SENTENCE, WHAT FACILITY YOU WERE COMMITTED TO, AND RELEASED FROM:

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WERE YOU OR ANY CHILDREN UNDER THE AGE OF 18 A VICTIM OF THIS RESIDENT(S) CRIME?

YES  NO

IF YES, PLEASE STATE THE CIRCUMSTANCES:

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ARE YOU NOW ON PROBATION/PAROLE?  YES  NO

IF YES, STATE WHY YOU ARE ON PROBATION/PAROLE: WHEN YOU WILL DISCHARGE FROM PROBATION/PAROLE AND THE NAME AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:

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**CHILDREN UNDER THE AGE OF 18 ONLY:** YOU MAY ONLY APPLY FOR CHILDREN IF YOU ARE ABLE TO PROVIDE PROOF THAT YOU ARE THEIR PARENT OR LEGAL GUARDIAN. THE PARENT/LEGAL GUARDIAN OF THE CHILD MUST BE ON THE RESIDENT(S) APPROVED VISITING LIST BEFORE ANYONE ELSE MAY BRING IN A CHILD. IF ANYONE OTHER THAN THE PARENT/LEGAL GUARDIAN WISHES TO BRING A CHILD INTO THE COMPLEX, THEY MUST HAVE A NOTARIZED PERMISSION SLIP FROM THE PARENT/LEGAL GUARDIAN.

NAME	BIRTHDAY	AGE	RELATIONSHIP TO VISTOR	RELATIONSHIP TO RESIDENT

**CERTIFICATION:** I HEREBY AFFIRM THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ACKNOWLEDGE THAT THEY MAY BE UTILIZED FOR THE PURPOSE OF CONDUCTING A BACKGROUND CHECK.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*Please mail or fax completed request to:

State of WV Division of Juvenile Services  
Attn: Visitor Request  
1200 Quarrier Street, 2nd Floor,  
Charleston, WV 25301 or Fax to (304) 558-2965