

Request to Visit Inmate

(This request shall be made and subscribed personally by each visitor)

Date: _____ Name: _____

Address / Office: _____

BBO # / Medical ID #: _____

Type of Visit:

If Attorney, are you the Attorney of Record

I request permission to visit the following inmate(s):

1. _____
2. _____
3. _____
4. _____

Please answer the following questions.

1. What, if any, is your relation to the Inmate(s) _____
2. Have you ever been convicted of a felony?
3. Have you ever been sentenced to penal Institution?

General Law, Chapter 127, Section 36

(As amended by chapter 142, Acts of 1962)

Section 36. No person except the governor, a member of the Governor's council, a member of the general court, a justice of the supreme judicial, superior or district court, the attorney general, a district attorney, the commissioner, a deputy commissioner of correction, a member of the parole board, or a parole or probation officer may visit any correctional institutions of the commonwealth or any jail or house of corrections in the commonwealth without the permission of the commissioner or of the superintendent of such Institution or of the keeper of such jail or house of correction. Every visitor who is required to obtain such permission shall also make and subscribe a statement under the penalties of perjury stating his true name and residence, whether or not he has been convicted of a felony, and, if visiting an inmate of such institution, his relationship by blood or marriage, if any, to such inmate, and, if not so related, the purpose of the visit.

Rules for Visitors

You Shall:

1. Fill out form to obtain permission for visit
2. Permit an officer to search your person and bundles
3. Read the General Law listed above
4. Have proper identification
5. Pass the Metal Detector

You Shall Not:

1. Bring dangerous weapons, alcoholic liquors, or drugs onto County property.
2. Deliver anything to, or take anything from a prisoner, except through an officer in charge.
3. Attempt to visit any prisoner other than the one designated on your pass.

I understand the rules listed above and agree to comply with them. Any violation will terminate my visit.

Signature: _____ Date: _____