

**IDAHO DEPARTMENT OF CORRECTION  
Visiting Application (Adult)**

Resident's Name: \_\_\_\_\_ IDOC Number: \_\_\_\_\_ Institution: \_\_\_\_\_

Applications must be renewed yearly. Is this a renewal application?  Yes  No

**Read carefully.** Your complete name is mandatory. Answer all questions. If a question does not apply, write 'NA'. If you do not know the answer, explain as best you can. Use additional paper if necessary.

1. Your Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Other Names Used: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
(mm/dd/yyyy)

4. Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

5. Gender:  Male  Female

6. Driver's License/State ID number: \_\_\_\_\_ State issued: \_\_\_\_\_

7. Eye Color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Race: \_\_\_\_\_

8. Present Street Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

9. Telephone Number: \_\_\_\_\_ All Other States Lived In: \_\_\_\_\_

10. What is your relationship to the resident? \_\_\_\_\_  
(Mother, father, spouse, girlfriend/boyfriend, son, daughter, etc. **Only list 'spouse' if legally married.**)

11. How long have you known the resident and how did you meet? \_\_\_\_\_

12. Have you visited **another** resident within the last year?  Yes  No

13. What are the other resident's name and your relationship with the resident? \_\_\_\_\_

14. Do you currently visit another resident?  Yes  No  
Resident's Name: \_\_\_\_\_ IDOC Number: \_\_\_\_\_  
What is your relationship with the resident? \_\_\_\_\_

15. Have you ever been employed by the Idaho Department of Correction (IDOC)?  Yes  No

16. Have you ever been a volunteer for IDOC?  Yes  No

17. Have you ever been a contractor, vendor, or intern for IDOC?  Yes  No  
If yes, give dates and locations: \_\_\_\_\_

18. Are you on probation or parole?  Yes  No  
If yes, where: \_\_\_\_\_  
What is your probation and parole officer's name? \_\_\_\_\_

19. Have you ever been a victim of a crime?  Yes  No  
If yes, crime: \_\_\_\_\_ When: \_\_\_\_\_  
Name of the resident: \_\_\_\_\_

20. Your employer: \_\_\_\_\_ Telephone number: \_\_\_\_\_

21. Employer's address: \_\_\_\_\_

22. Do you have any pending criminal charges?  Yes  No  
Charge: \_\_\_\_\_

I understand that missing or false information may delay or result in a denial of my application. I have read and agree to follow the IDOC's visiting rules.

\_\_\_\_\_  
Signature of Applicant (If 18 years of age or older)

\_\_\_\_\_  
Date

**Note:** If the applicant is under 18 years of age, the parent or guardian accompanying the child on the visit must also submit the following: *Visiting Application (Minor Child)*, and a certified copy of the child's birth certificate. In addition, **Guardians** must also submit a copy of the court order granting legal guardianship (or *Power of Attorney Delegating Limited Powers for Visitation*).

Staff Use Only		
Background Check: Criminal record: <input type="checkbox"/> No criminal record: <input type="checkbox"/> Comments: _____	Approval Authority: Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Date: _____ Staff: _____ Associate #: _____	Appellate Authority: Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Date: _____