

# CALDWELL COUNTY DETENTION CENTER VISITING APPLICATION

*It is the inmate's responsibility to mail to or call the visitor for information.  
This form must be filled out completely.*

**ALL INFORMATION IS REQUIRED**

*Sheriff's Office Use Only:*

Results \_\_\_\_\_

County/Warrant \_\_\_\_\_

Ran By \_\_\_\_\_

*For Official Use Only:*

**APPROVED**

Basic

Accompanied

Special

\*\*\*\*\*

**DENIED**

Removed

Background Check

Address Change

Reviewed By \_\_\_\_\_

Action Requested:     Basic Visiting                       Removal / Date \_\_\_\_\_

Address Change                       Name Change

Person Requested (name must match DMV records):

Visitor's Name (printed clearly)                      Last                      First                      Middle

Number and Street or Route and Box Number                      City                      State                      Zip Code

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex F  M

Driver's License / State ID / Passport / Valid ID # \_\_\_\_\_ State \_\_\_\_\_

Visitor's Relationship to Inmate: \_\_\_\_\_ Contact Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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Does the visitor have a criminal conviction or imprisonment record? Yes  No

If yes: When, Where, and for what? \_\_\_\_\_

Has this visitor ever been a victim or co-defendant of the inmate's crime (past or present)? Victim Yes  No   
Co-Def. Yes  No

Is the visitor currently on Parole or Probation? Yes  No  If yes, which agency and P.O. \_\_\_\_\_

Is the visitor now visiting another inmate in this facility? Yes  No  If yes, who? \_\_\_\_\_

Relationship of visitor to the other inmate \_\_\_\_\_

Has this person ever been denied visiting privileges at any correctional facility or jail? Yes  No  Explain \_\_\_\_\_

**Under penalty of possible disciplinary action and removal of this person from visiting, I certify that the information given above is true and does not contain misleading statements.**

Inmate's Name (printed clearly)                      Last                      First                      Middle

Inmate's Signature                      Inmate #                      Cell #                      Date

*Note to inmate: If visiting privileges are denied, you have the right to request a review of the decision by submitting a written request to Jail Administrator writing 30 days of receipt of notice of denial.*

*Note to Prospective Visitor: At your option, you may return this form directly to the Caldwell County Detention Center. You also may mail the form to PO Box 38 Kingston, MO 64650. Submission of application does not constitute approval. Inmates have the right to refuse visiting requests made by prospective visitors.*

**THIS FORM CANNOT BE FAXED OR ACCEPTED AT VISITS.  
MUST BE SUBMITTED BY INMATE, MAIL, OR DURING OFFICE HOURS.**