



GEORGIA DEPARTMENT OF CORRECTIONS
Application for Visitation Privilege

SOP 227.05
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Facility/Center: _____

Offender: _____ **GDC #:** _____

The offender named above has request that you be approved for visitation privilege with him/her at this institution. Prior to making the approval, we must first confirm the following information obtained from you. Failure to provide complete and accurate information may result in denial of your visitation privilege.

Legal Name: _____ **D.O.B. (mm /d d/y y):** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Occupation: _____

Home/Cell Telephone: _____

What is your relationship to the offender? _____

Have you ever been convicted of a crime? Yes No, if so, what is the nature of conviction(s)?
Date, county, state, and sentence received (attach additional sheet if necessary): _____

Are you on probation or parole? Yes No, if so, give your probation/parole officer's name,
location and telephone number: _____

Are you related to any offender (s) incarcerated with Georgia Department of Corrections, other than the one listed above? Yes No **If so, give name, GDC#, institution, relation of each offender (attach additional sheet if necessary):** _____

Do you correspond or visit with other offenders? Yes No **If so, give name, GDC#, institution, relation of each offender (attach additional sheet if necessary):** _____



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Please check and attach appropriate documentation to verify your relationship with the listed offender:

- Notarized letter from you verifying your common law relationship
Birth Certificate
Divorce Decree
Other:

THIS SECTION ONLY NEEDS TO BE COMPLETED IF YOU ARE NOT EXTENDED FAMILY (PARENT, SIBLING, CHILD, GRANDPARENT, SPOUSE, STEP-PARENT, STEP-SIBLING, BROTHER/SISTER-IN-LAW, AUNT, UNCLE, COUSIN, HALF SIBLING, NIECE, NEPHEW, or STEP-CHILD) OF THE OFFENDERS. PLEASE FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NEEDED.

Describe the nature of your relationship with this offender:

How long have you known this offender: Prior to their incarceration? Yes No

Where and how did the relationship develop?

Explain how your relationship with the offender will assist in and contribute toward his/her rehabilitation:

CRIMINAL/DRIVER HISTORY CONSENT (TO BE COMPLETED BY EVERYONE)

I, hereby authorize Georgia Department of Corrections to receive any criminal history information at any time pertaining to me which may be in the files of any criminal justice agency on the National Crime Information Center/Georgia Crime Information Center (NCIC/GCIC) network.

Social Security Number

Driver's License Number

Signature

Date

Signature of parent/guardian (If under 18 years of age)

Date