

INITIAL CHANGE

SOP 227.05  
Attachment 5  
2/21/18

Facility/Center \_\_\_\_\_ Visitation List

OFFENDER NAME: \_\_\_\_\_ GDC#: \_\_\_\_\_ DORM: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

Date Arrived: \_\_\_\_\_ Entered in SCRIBE: \_\_\_\_\_ Sex Offender: YES NO

INSTRUCTIONS: PRINT neatly in BLUE or BLACK ink. Do not use pencil or red ink.

- Circle the appropriate list: If this is your initial list circle INITIAL. If you wish to change your list: Circle CHANGE
- Changes may be submitted twice a year for visitation and financial approval ONLY in MAY and NOVEMBER.
- Visitors may include members of your immediate family or significant relationships as defined in the Visitation S.O.P.
- Submit the completed form to your counselor.

APPROVED		NAME	STREET ADDRESS (NO P.O. BOXES)	CITY/STATE	RELATONSHIP	ADD	DELETE	FINANCIALS Limit of five(5) ONLY	
YES	NO							YES	NO

COUNSELOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

“P” = Pending the submission of an “Application for Visitation Privilege” - YOU HAVE \_\_\_\_\_ DAYS TO SUBMIT THESE FORMS.  
“N” = Must submit a NCIC report of their offenses.

Retention Schedule: Upon completion, this form shall be placed in the offender’s institutional file and maintained according to the official retention schedule.