

RAPIDES PARISH SHERIFF'S DEPARTMENT

TRANSITIONAL WORK PROGRAM

VISITATION FORM

400 C JOHN ALLISON DRIVE
ALEXANDRIA, LOUISIANA 71303
318-449-4360

VISITATION FORM

DATE: _____

DOC#: _____

OFFENDER: _____

VISITOR: _____

THE ABOVE NAMED OFFENDER HAS REQUESTED THAT YOU BE APPROVED TO VISIT THIS FACILITY. HOWEVER IT IS IMPERATIVE THAT WE HAVE THE **COMPLETE** INFORMATION BELOW. **YOUR REPLY WILL BE TREATED CONFIDENTIALLY.**

NOTE: IF THIS FORM IS NOT COMPLETED IN ITS ENTIRETY AND RETURNED TO THE RAPIDES PARISH TWP YOU WILL NOT BE ALLOWED TO VISIT UNTIL WE RECEIVE YOUR FORM. YOU WILL NOT BE ALLOWED TO FILL OUT THIS FORM WHEN YOU COME TO VISIT IT MUST BE MAILED BACK TO TWP.

WE DO NOT ACCEPT P.O. BOXES AS ADDRESSES. WE MUST HAVE YOUR ACTUAL PHYSICAL ADDRESS AND CONTACT NUMBERS. YOU WILL BE NOTIFIED BY THE OFFENDER WHEN YOU HAVE BEEN APPROVED TO VISIT.

DO YOU WISH TO VISIT THIS RESIDENT ?

YES: _____ NO: _____

YOUR NAME: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

DATE OF BIRTH: _____

SEX: M F

RACE: _____

PHONE # _____

CELL # _____

MARRIED: _____

PLACE OF EMPLOYMENT: _____

RELATIONSHIP TO OFFENDER/TRUSTEE: _____

HOW LONG HAVE YOU KNOW THIS OFFENDER: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: _____ NO: _____ HOW LONG AGO? _____

NAME ANY OTHER OFFENDER(S) YOU ARE CURRENTLY VISITING & WHERE _____

VISITOR'S SIGNATURE: _____

DATE: _____

PARENT OR GAURDIAN CONSENT IF UNDER THE AGE OF 17:

I, _____, GIVE PERMISSION FOR THE MINORS LISTED BELOW TO VISIT THE ABOVE NAMED OFFENDER AT THIS FACILITY. I REALIZE THAT ALL VISITORS ARE SUBJECT TO PERSONAL AND COMPUTER SEARCHES BY TWP PERSONNEL AND THAT I AM RESPONSIBLE FOR THESE MINORS.

NAME(MINOR): _____

AGE: _____

NAME(MINOR): _____

AGE: _____

NAME(MINOR): _____

AGE: _____

NAME(MINOR): _____

AGE: _____

NAME(MINOR): _____

AGE: _____

NAME(MINOR): _____

AGE: _____

NAME(MINOR): _____

AGE: _____

ADDITIONAL INFORMATION AND VISITATION TIMES CAN BE FOUND ON THE RAPIDES PARISH SHERIFF DEPARTMENT WEB PAGE.

WWW.RPSO.ORG

OR

CALL (318) 449-4377