

# IONIA COUNTY CORRECTIONAL CENTER

133 E. ADAMS ST., IONIA, MI 48846 / PHONE: 616-527-5390 / FAX: 616-527-8223



## Application to Visit an Inmate

The inmate named below has requested that you be added to his/her visiting list. If you want to visit this inmate, please complete the Visitor Information Section. A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH PROPOSED VISITOR 17 YEARS OF AGE OR OLDER. A maximum limit of five pre-approved visitors will be allowed for each inmate. A maximum of two adults and two children will be allowed to visit at one time.

|                                   |
|-----------------------------------|
| <b>Inmate Name:</b> (Last, First) |
|-----------------------------------|

### Visitor Information Section

|   |                                   |                                 |   |   |
|---|-----------------------------------|---------------------------------|---|---|
| Visitor Name (Last, First M.I.)                               |                                   |                                 |   |   |
| Residential Address (Street)                                  |                                   | City                            | State   | Zip Code  |
| Telephone Number<br>(      )                                  |                                   | Date of Birth                   | Drivers License Number or other Photo ID Number |   |
| Height  | Eye Color                         | Gender (M/F)                    | Social Security No. or Second I.D. No.          | *Disclosure of your Social Security Number is voluntary and will be used to verify identity.* |
| What is <u>your</u> relationship with the inmate? (Check one) |                                   |                                 |   |   |
| <input type="checkbox"/> Husband                              | <input type="checkbox"/> Brother  | <input type="checkbox"/> Uncle  | <input type="checkbox"/> Grandfather            |   |
| <input type="checkbox"/> Wife                                 | <input type="checkbox"/> Sister   | <input type="checkbox"/> Aunt   | <input type="checkbox"/> Grandmother            | <input type="checkbox"/> Acquaintance   |
| <input type="checkbox"/> Father                               | <input type="checkbox"/> Son      | <input type="checkbox"/> Nephew | <input type="checkbox"/> Other Relative         |   |
| <input type="checkbox"/> Mother                               | <input type="checkbox"/> Daughter | <input type="checkbox"/> Niece  | <input type="checkbox"/> Friend                 |   |

|   |      |
|---|------|
| <b>I hereby attest that all information given is true and correct. I agree to abide by all visitation rules of the Ionia County Sheriff Department.</b> |      |
| Applicant or Minor's Parent or Legal Guardian Signature   | Date |

### **NOTICE:**

Visitation Registration Forms must be turned in 24 hours prior to the scheduled visitation day to receive a visit.