



SAN JUAN COUNTY · SHERIFF'S OFFICE

OFFICE 435-587-2237 · FAX 435-587-2013

P.O. Box 788 · 297 South Main Street · Monticello, Utah 84535

INMATE VISITOR APPLICATION

DATE OF APPLICATION ___/___/___ NAME _____

DATE OF BIRTH ___/___/___ ALIAS NAME OR MAIDEN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE () _____ - _____

DRIVER'S LICENSE _____ STATE _____

SEX F M HEIGHT ___' ___" WEIGHT _____ LBS. COLOR _____

EYES _____ HAIR _____

INMATE YOU WISH TO VISIT _____ RELATIONSHIP _____

REASON FOR VISIT _____

DISTANCE TO TRAVEL FOR VISIT _____ MILES

DO YOU HAVE A CRIMINAL HISTORY? YES NO IF YES, PLEASE EXPLAIN BELOW

ARE YOU ON PROBATION OR PAROLE? YES NO IF YES, PLEASE LIST THE NAME AND NUMBER OF YOUR PROBATION/PAROLE OFFICER _____

PHONE () _____ - _____

DO YOU HAVE ANY CRIMINAL CHARGES PENDING? YES NO

IF YES, WHAT CHARGES _____

I ATTEST THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. ANY INACCURATE OR MISLEADING INFORMATION WILL RESULT IN A MINIMUM 90 DAY DENIAL.

SIGNATURE OF APPLICANT _____ DATE ___/___/___

SIGNATURE OF INMATE _____ DATE ___/___/___

OFFICIAL USE ONLY BELOW THIS LINE

PERSON DOING BACKGROUND _____ DATE ___/___/___

NCIC: CLEAR NOT SWW: CLEAR NOT LOCAL: CLEAR NOT

NOTES _____

ADMINISTRATION APPROVAL DENIAL

SIGNATURE _____ DATE ___/___/___

NOTES _____