

Charlie Sims, Sheriff
Major Terrell Carson, Jail Administrator
FORREST COUNTY DETENTION CENTER
55 Arena Drive
Hattiesburg, MS 39401
Telephone: (601) 545-6148

APPLICATION TO VISIT AN OFFENDER

Please print all information

OFFENDER NAME: _____

VISITOR'S INFORMATION: (APPLICATION MUST BE FILLED OUT BY THE ADULT THAT'S VISITING THE OFFENDER)

NAME OF ADULT VISITING: _____

DRIVERS' LICENSE/STATE ID # _____ STATE _____

DATE OF BIRTH _____ SEX _____ RACE _____

ADDRESS: _____ CITY _____ STATE _____

ZIP CODE _____ TELEPHONE # _____

THE ABOVE NAMED OFFENDER HAS REQUESTED YOU AS A POSSIBLE ADDITION TO THEIR VISITATION LIST. WITH THE HOPE THAT THIS WILL AID IN RE-ESTABLISHING THIS PERSON TO SOCIETY, WILL YOU PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. WHAT IS YOUR RELATIONSHIP TO THE OFFENDER? _____
2. IF FEMALE, HAVE YOU EVER BEEN MARRIED, PLEASE STATE MAIDEN NAME: _____
3. NOTE: ALL VISITORS MUST BE OVER THE AGE OF EIGHTEEN (18) TO VISIT AN OFFENDER. A VALID PICTURE ID CARD MUST BE PRESENTED AT EACH VISIT.
4. HAVE YOU EVER BEEN ARRESTED? YES () NO (). If yes, what crime(s) were you charged with and where: (List all! Use extra sheet of paper if needed) _____

5. HAVE YOU EVER BEEN CONVICTED? YES () NO ()
6. ARE YOU OR HAVE YOU EVER BEEN ON PROBATION OR PAROLE? YES () NO () If yes, give dates: From _____ to _____
7. DO YOU HAVE ANY DISTINGUISHING MARKS, SCARS, TATTOOS OR OTHER? _____ If yes, please specify marks and locations: _____

8. ARE YOU RELATED TO ANY OTHER OFFENDER IN THIS OR ANY CORRECTIONAL FACILITY? YES () NO (). If yes, give Name, MDOC#, Location, and Relationship. _____

NOTE: IF YOU ARE OUT ON PAROLE/PROBATION, OUT ON BOND ON ANY DRUG RELATED OR ANY VIOLENT CHARGES, YOU ARE NOT ALLOWED TO VISIT.

FAILURE TO PROVIDE THIS INFORMATION WILL DELAY APPROVAL OF APPLICATION.

APPLICATION TO VISIT AN OFFENDER
RETURN COMPLETED FORM AND DOCUMENTS TO:

**FORREST COUNTY DETENTION CENTER
55 ARENA DRIVE
HATTIESBURG, MS 39401**

ACKNOWLEDGEMENT

I do hereby attest that the answers to the questions on this application form are true and correct. I agree to abide by all visiting rules and regulations of FORREST COUNTY DETENTION CENTER. I also understand that the FORREST COUNTY DETENTION CENTER is not responsible for any injuries while I am on the facility property.

In addition, I understand that my background will be checked to insure that I have not had a felony conviction.

I have read the above notice and am fully aware that the presence of any prohibited item in my vehicle or on my person while on the grounds of FORREST COUNTY DETENTION CENTER will result in my arrest and prosecution.

I am also aware that my vehicle, personal property and person are subject to search while on institution property.

Signature of Visitor: _____ Date: _____

Date of Birth: _____ Social Security # _____

FAILURE TO PROVIDE THIS INFORMATION WILL DELAY APPROVAL OF APPLICATION.