

Charlie Sims, Sheriff
Major Julie Flowers, 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 IS VISITING THE OFFENDER)

NAME OF ADULT VISITING: _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____ STATE _____

DATE OF BIRTH _____ PLACE 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 REESTABLISHING THIS PERSON TO SOCIETY, WILL YOU PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. WHAT IS YOUR RELATIONSHIP TO THE OFFENDER? _____
2. WHAT IS YOUR AGE? _____
3. ANY PREVIOUS NAMES: _____
4. 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.
5. 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) _____

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

10. HAVE YOU EVER BEEN CONFINED TO A CORRECTIONAL FACILITY? YES () NO (). If yes, give Name, MDOC#, Location, Date of Conviction and Case # _____

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

12. ARE YOU PRESENTLY VISITING ANY OTHER OFFENDER AT THIS OR ANY CORRECTIONAL FACILITY IN MISSISSIPPI? YES () NO (). If yes, give Name, MDOC#, Location and Relationship. _____

13. HAVE YOU EVER BEEN EMPLOYED BY THE MISSISSIPPI DEPARTMENT OF CORRECTIONS? YES () NO () If yes, When _____ Where _____ Position _____.

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FAILURE TO PROVIDE THIS INFORMATION WILL DELAY APPROVAL OF APPLICATION.

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 ensure 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: _____
(Must be original signature of visitor)

Date of Birth: _____ Social Security # _____

FAILURE TO PROVIDE THIS INFORMATION WILL DELAY APPROVAL OF APPLICATION.