

GUEST REQUEST

Child Last Name: _____

Date: _____

Non-custodial Name: _____

All guests must be relatives, named in the court order, or approved by the AHSV Office. Enter all guests that you would like to attend a visit with your child. AHSV will contact you if approved.

First and Last Name	Relationship	D. O. B.	Driver's License #

Please review the following guidelines for guests.

Space: The number of guests may be limited due to space availability and monitors.

Private Visit Deadline: All guests must be submitted when requesting your visitations.

Guest: No guest will be considered on the day of a visit. No guest will be allowed until after the 4th visit. There will be a criminal background check completed on each requested guest. All guests are required to follow the same rules as the participant regarding the conversation, cell phones, photos, etc. Failure to comply may result in suspension or termination of guest privileges.

Guest Fee: A \$20.00 guest fee per person. All approved guests must present valid state-issued identification to the monitor at the visit.

In signing this document, I acknowledge that I have read, understand, and agree with AHSV policies and I agree to pay the fees listed in accordance with the schedule and requirements as stated. All conditions of this "Guest" document are subject to modification with or without notification to parties. I understand the rules are subject to change at the discretion of the AHSV program or to accommodate special circumstances or court orders.

Signature

Date

(If you have not received the "Private Visit Policy Handbook", please request it before a visit takes place).

(Please Fax or Scan in PDF Format **Only**)