

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 the guests that you would like to attend a visit with your child.**

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

Please review the following guidelines for guests.

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

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

Guest: If there is an issue with the guest that is being requested, AHSV will review and determine all factors. AHSV may not allow the guest to visit until 8 visits have been completed by the non-custodial party.

1. No guest will be considered on the day of a visit.
2. No guest will be allowed until after the 4th visit and approved by the AHSV office.
3. There will be a criminal background check completed on each requested guest.
4. All guests are required to follow the same rules as the participant regarding the conversation, cell phones, photos, etc.
5. Failure to comply will result in suspension or termination of guest privileges.
6. AHSV will inform you when the background is completed and if the guest is approved or denied.

Guest Fee: A \$20.00 guest fee per person. All approved guests over the age of 18 years of age must present valid state-issued identification to the monitor at the visit.

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**)