

Douglas County Department of Corrections
Inmate Visitation Request Form

ATTENTION: This form will not be process if mailed to the inmate. No faxes will be accepted.

Mail or hand deliver to:
Douglas County Department of Corrections
710 South 17th Street
Omaha NE 68102

Inmate's Name Data Number Housing Unit
Persons under eighteen (18) years of age must be on the approved visiting list and accompanied by parent/legal guardian who is also approved on the inmate's visitation list.

THIS SECTION IS TO BE COMPLETED BY THE VISITOR AND NOT BY THE INMATE.
Please print clearly or type all information requested.

Full Legal Name Last Name First Name Middle Initial
Current Address Street/P.O. Box/Rural Route City State Zip Code
Telephone Number Date of Birth Sex Race
Social Security No. Marital Status

Relationship to Inmate:

Have you been convicted of a crime other than a traffic violation: Yes No If yes, what was date and the offense?
(date) (offense)

Information provided above may be used to complete a National Crime Information Center background check.
I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I understand that falsification of this information may result in the denial of visitation privileges.

Applicants Signature: Date:

NOTE: It is the responsibility of the inmate to notify the visitor concerning the disposition of the request.
XXXXXXXXXXXXXXXXXXXX DO NOT REMOVE - FOR FACILITY USE ONLY XXXXXXXXXXXXXXXXXXXXXXX

Inmate's Name Data Number Housing Unit
Visitor's Last Name First Name Middle Initial

Has been APPROVED DENIED to visit. It is the inmate's responsibility to notify the visitor/applicant of the disposition of the visiting request. Inmates may submit an Inmate Request Form to the Lobby to remove an approved visitor from their list.

Staff Signature Chit Number Date

White or original: Records Inmate File
Yellow or copy: Inmate
Revised 04/10