

CALUMET COUNTY VISITING LIST

INMATE NAME: _____ DATE: _____

- TOTAL OF 8 VISITORS -FAMILY, NON-FAMILY, CHILDREN
- VISITORS INFORMATION NEEDS TO BE **COMPLETELY** FILLED OUT OR VISITOR WILL BE DENIED.
- CAN ONLY CHANGE THE LIST THE FIRST TUESDAY OF EVERY MONTH BY PUTTING AN ICF IN AND ASKING FOR A VISITING LIST.
- ONLY 3 VISITORS AT A VISIT-FIRST COME, FIRST SERVED BASIS
- ALL VISITORS UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN.

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

<u>NAME: (LAST, FIRST, MIDDLE INITIAL)</u>		<u>ADDRESS:</u>	
<u>Gender:</u>	<u>Date of Birth:</u>	<u>Phone Number:</u>	<u>Relationship:</u>

NAME: (LAST, FIRST, MIDDLE INITIAL)		ADDRESS:	
Gender:	Date of Birth:	Phone Number:	Relationship:

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NAME: (LAST, FIRST, MIDDLE INITIAL)		ADDRESS:	
Gender:	Date of Birth:	Phone Number:	Relationship:

NAME: (LAST, FIRST, MIDDLE INITIAL)		ADDRESS:	
Gender:	Date of Birth:	Phone Number:	Relationship:

RECEIVING/ENTRY OFFICER _____ DATE: _____