

ATTACHMENT B - VISITOR PRE-APPROVAL FORM

In accord with MGL Chapter 127, S. 36, and Sheriff's Office Policy, **each inmate is allowed to have five persons approved to visit him while in custody. All visitors must complete this form and be pre-approved prior to entering the facility. Please allow 7-10 days for processing.** Contact the Facility to verify your approval. The pre-approved visitor list may be changed once every quarter.

This form must be completed and returned to:

**Norfolk County Sheriff's Office
200 West Street, P.O. Box 149
Dedham, MA 02027
Telephone # (781) 329-3705 Attention: Records Division**

Note: Please Print Legibly

Date: _____

Inmate's Full Name: _____
Last First Middle

Relationship to Inmate: _____

Visitor's Name: _____
Last First Middle

Current Valid Street Address City/Town State Zip Code

Telephone Number () _____

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Age: _____ Place of Birth: _____ State: _____

VISA, Green Card, or Passport #: _____

Have you ever been arrested? Yes _____ No _____

If yes, list the offense(s): _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, list crime(s) for which you have been convicted: _____

Have you ever received a court summons? Yes _____ No _____

If yes, when and where: _____

Have you ever been sentenced to a Correctional Facility? Yes _____ No _____

If yes, when and where: _____

Signature of Visitor: _____