NORFOLK SHERIFF'S OFFICE ATTACHMENT B - VISITOR PRE-APPROVAL FORM

Each offender is allowed to have five (5) persons approved to visit him while in custody. All visitors must complete this form (PLEASE PRINT LEGIBLY) and be pre-approved prior to entering the facility. Please allow seven (7) to ten (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 Sheriff's Office
200 West Street, P.O. Box 149
Dedham, MA 02027
Telephone # (781) 329-3705 Fax # (781) 326-6020 - Attention: Lobby Officers

Offender's Full Name:				
	Last	First		Middle
Relationship to Offender:				
Visitor's Name:				
	Last	First	Middle	
Address:Current V	alid Street Address	City / Town	State	Zip Code
Telephone Number: ()		Driver's License #:		•
	onal): VISA, Green Card, or Passport #:			
Date of Birth:	Age:	Place of Birth:		State:
Have you ever been arrested?	(circle one) Yes	No		
If yes, list the offense(s):				
Have you ever been convicted	of a crime? (circle one)	Yes No		
If yes, list crime(s) for which y	ou have been convicted	d:		
Have you ever received a coul	t summons? (circle one	e) Yes No		
If yes, when and where:				
Have you ever been sentence	d to a Correctional Facili	ity? (circle one) Yes	No	
If yes, when and where:				
Signature of Visitor:			Date:	

CSD 483 February 2021