

## VISITING QUESTIONNAIRE FOR PROBATIONERS AND EX-FELONS

**READ CAREFULLY.** Please **PRINT** or **TYPE**. The information requested will be used by officials of the Los Angeles County Sheriff's Department to determine whether your Application will be approved or disapproved. The information provided will be maintained in a file pertaining to the inmate.

In accordance with the Privacy Act of 1974 (PL 93-579), providing your Social Security number is optional Any omission or falsification on this questionnaire may be cause for denial of visiting. Please mail this form directly to the Men's Central Jail – Legal Unit at 441 Bauchet Street Los Angeles, CA 90012. For Questions Call: (213) 974-0103.

1. APPLICANT/VISITOR NAME (Print your name exactly as indicated on the photo identification you will be using)		SUFFIX (JR., ETC.)		HOME TELEPHONE NUMBER (      )	
2. MAIDEN NAME (if applicable)		HAVE YOU EVER USED ANOTHER NAME? IF SO, PLEASE LIST ALL.		RELATIONSHIP TO INMATE (Spouse, Son/Daughter, etc.)	
3. BIRTH DATE (mm/dd/yyyy)	AGE	GENDER (Check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHPLACE	CITY	COUNTY    STATE    COUNTRY
4. ID NUMBER	ID TYPE (Check one) <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> STATE ID <input type="checkbox"/> MILITARY ID <input type="checkbox"/> USINS CARD <input type="checkbox"/> MCAS <input type="checkbox"/> PASSPORT				
OFFICIAL USE ONLY EXPIRATION DATE:	ISSUED BY	COUNTY	STATE	COUNTRY	6. SOCIAL SECURITY NUMBER
5. CURRENT RESIDENCE ADDRESS (Street Address, Apt# if applicable)				CITY	STATE    ZIP CODE
6. MAILING ADDRESS (if different from Residence address)				CITY	STATE    ZIP CODE
7. ARE YOU ON PROBATION? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ON PAROLE OR CIVIL ADDICT OUTPATIENT STATUS?(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN INCARCERATED IN A STATE ADULT / JUVENILE CORRECTIONAL FACILITY?(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU CURRENTLY UNDER ANY TYPE OF COURT IMPOSED PROGRAM?(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, answer 7A	If YES, answer 7A	If YES, answer 7B		If YES, Explain on additional sheet and attach	
7A. TYPE: (Court, Formal, Informal, etc.)	SUPERVISING AGENCY	NAME, ADDRESS, AND TELEPHONE # OF YOUR PROBATION/PAROLE OFFICER:		COUNTY	STATE
7B. If you are discharged from an institution or discharged from parole or outpatient status within the last twelve (12) months, you must have prior written approval of the Legal Unit before visiting is permitted. You will also need to provide a copy of your discharge paperwork.					
8. INMATE NAME				INMATES BOOKING NUMBER	
FIRST		MIDDLE		LAST	

### VISITING RULES AND REGULATIONS – Reasons for Disapproval

1. If you have any **outstanding arrests/warrants** including a Department of Motor Vehicles Failure to Appear notice with no disposition from the court.
2. If you have one **FELONY** conviction within the last three years or two **FELONY** convictions within the last six years or three or more felony convictions during the last 10 years.
3. If you have **any one convictions** from the following: a) Distributing a controlled substance into or out of state prison, correctional institution/facility or jail; b) Transporting contraband (weapons, alcohol, escape and drug paraphernalia, etc.) in or out of state prison, correctional institution/ facility or jail; c) Aiding or attempting to aid in an escape or attempted escape from a state prison, correctional institution//facility or jail; d) Is a co-offender of the incarcerated inmate.
4. If you are a **former prison inmate** who has **not** received the **prior** written approval of the institution head or designee.

### LAWS RELATED TO JAIL VISITATION

1. If you are **under 18 years of age** and are not an emancipated minor or the inmate's legal spouse, you must have the written notarized consent of a parent or legal guardian and be accompanied by a responsible adult who is also approved to visit. The notarized written consent must be presented each time a minor visits unless prior approval has been attained from the Jail Liaison for an inmate to visit with his unchaperoned children.
2. **VISITORS WITH DISABILITIES.** If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistance devices, i.e. crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for visibility or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician. Visitors with guide dogs will need to provide the dog's certification paperwork upon visit check-in. Men's Central Jail will make every effort to provide reasonable accommodations for all qualified/eligible visitors with disabilities in keeping with the safety and security of the facility and the public.

CONTINUED ON BACK

**LAWS RELATED TO JAIL VISITATION (cont.)**

3. **SUBJECT TO SEARCH:** Visitors entering the facility or facility grounds are subject to a search of their person, vehicle and property. Except as described below, visitors may leave the facility or facility grounds rather than submit to a search of their person, vehicle or property. Refusal to submit to the search will result in denial of visiting for that day.  
  
 Visitors may not elect to leave the facility or facility grounds rather than submit to a search when Deputy Personnel possess a court issued search warrant or cause for search arises while the visitor is on facility grounds and the cause for the search is believed by personnel to be a criminal offense.
4. **FIREARMS AND DRUGS ON INSTITUTIONAL GROUNDS/ASSISTING INMATES TO ESCAPE:** It is a felony for anyone to assist inmates to escape. Bringing firearms, deadly weapons, explosives, tear gas, drugs, drug paraphernalia, or selling drugs on jail grounds, or giving/selling inmates firearms, weapons, explosives, liquor, cocaine, or other narcotics or any kind of drugs, including marijuana, is a crime (Sections 2772, 2790, 4534, 4535, 4550, 4573, 4573.5, 4573.6, 4573.8, 4573.9, 4574, 4600, California Penal Code).
5. **FALSE IDENTIFICATION:** Anyone who falsely identifies himself/herself to gain admittance to a facility is guilty of a misdemeanor. Persons previously convicted of a felony in the State who come upon the grounds of a facility without permission of the official in charge are guilty of a felony (Section 4570.5, 4571, California Penal Code).
6. **TRESPASSING:** Entry on facility property for unauthorized purposes will be considered trespassing as provided in Section 602(j) of the California Penal Code. Refusal or failure to leave the property when requested to do so by an official will be considered trespassing as provided in Section 602(p) of the California Penal Code.
7. **PERIOD OF EMERGENCY:** In the event of an emergency situation that affects a significant portion of the inmate population at a facility, the visiting program and other program activities may be suspended during a period of emergency (Section 2601(d), California Penal Code).
8. **HOSTAGES:** Hostages will not be recognized for bargaining purposes during attempted escapes by inmates (Section 3304, California Code of Regulations, Title 15, Division 3, Chapter 1).
9. If you are **APPROVED / DISAPPROVED** to visit, the Legal Unit will notify you by mail. You are **not** permitted to visit until your application is approved.

I have read and understand the above information and agree to follow all  
 Federal, State and Sheriff Department rules and regulations.

\_\_\_\_\_  
 VISITOR SIGNATURE

\_\_\_\_\_  
 DATE

**OFFICIAL USE ONLY – TO BE COMPLETED BY THE LEGAL UNIT**

Criminal History:  NO  YES CI/FBI# \_\_\_\_\_

**APPROVED**

**DISAPPROVED**, for the following reason(s): (If **DISAPPROVED**, the applicant is to be informed in writing of the disapproval)

- Omissions and/or falsifications Section(s): \_\_\_\_\_  Need copy of Declaration of Discharge
- Need disposition(s) for: \_\_\_\_\_
- Applicant is under: Parole Formal Probation Civil Addict Outpatient Supervision
- Arrest record received via DOJ indicates applicant has an extensive and/or recent history of criminal activity for offenses that are particularly sensitive to the institutional security.  
 May reapply after: DATE: \_\_\_\_\_
- Other: \_\_\_\_\_
- Applicant's privileges to visit will be reconsidered:  
 Upon receipt of the above requested information and/or  after: DATE \_\_\_\_\_

PRINT NAME	SIGNATURE	TITLE	INSTITUTION	DATE
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INMATE/VISITOR NOTIFIED ON: DATE \_\_\_\_\_ BY WHOM: \_\_\_\_\_