



**OFFICE OF JUVENILE JUSTICE
Visiting Questionnaire**

Facility: _____ DATE: _____

Youth's Name: _____ JETS #: _____

Dear: _____

The above-referenced youth has requested that you be approved to visit him at this facility. Prior to approval, it is imperative that we have the information below: (Your reply will be treated confidentially.)

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO THIS FACILITY WITHIN _____ DAYS IF YOU DESIRE TO VISIT.

Do you wish to visit this youth? Yes No

Your Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Race _____ Sex _____ Telephone # _____ Marital Status _____

License Number: _____ Relationship to Youth _____

Name any other youth you are presently visiting at an OJJ secure care facility, and where:

Youth Name: _____ Facility: _____

Youth Name: _____ Facility: _____

Youth Name: _____ Facility: _____

Have you ever been employed by Youth Services? Yes No

If yes, dates of employment and location: _____

Have you ever been arrested for a felony? Yes No

If yes, give offense, location, date and disposition. It is not necessary to list misdemeanors or a 1st offense DWI.

(If "yes", Regional Director's approval is required)

If you are under age 17, your parent or legal guardian must complete the following:

I, _____, give permission for _____ to visit the above named youth at this facility. I realize that all visitors are subject to personal and computer search by Youth Services personnel.

Signature

Date

Facility Staff Member Name/Title (Printed)

For Office Use Only

TAC Operator _____

Date _____

Results: _____

Parent Verification Date: _____

Time: _____ a.m./p.m.

PPO/J Verification Date: _____

Time: _____ a.m./p.m.

Facility Director: **Approved** **Not Approved**

Date of approval/disapproval: _____ Time: _____ a.m./p.m.

Regional Director: **Approved** **Not Approved**

Date of approval/disapproval: _____ Time: _____ a.m./p.m.