



APPROVAL FOR VISITS WITH MULTIPLE INCARCERATED INDIVIDUALS

Date: _____

_____ requests to visit more than one incarcerated individual as listed below and has attached necessary documentation (e.g. birth certificate, marriage/state registered domestic partnership license).

Name		DOC number	Relationship to visitor
Facility	Unit/Room	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments			

Name		DOC number	Relationship to visitor
Facility	Unit/Room	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments			

Name		DOC number	Relationship to visitor
Facility	Unit/Room	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments			

Name		DOC number	Relationship to visitor
Facility	Unit/Room	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments			

Recommendation:

- Approve
- Deny

Visit Unit employee
JABS _____ OMNIXX _____

Signature

Date

Action:

- Approved
- Denied

Statewide Visit Specialist

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Headquarters Visit Unit

COPY - Visit Sergeant, Imaging file