



# PARENT/GUARDIAN CONSENT FOR MINOR VISIT AND/OR ESCORT

Incarcerated individual name \_\_\_\_\_

DOC number \_\_\_\_\_

*Notarized, written permission from the legal authority of a minor is required before the child may visit an incarcerated individual. A signature from the legal authority is required to process the minor visitor form.*

I affirm that I have legal authority to make decisions on behalf of the minor(s) listed below. I understand that visits in Prison are likely contact visits, but may be no-contact visits.

| Minor name (print) | Date of birth | Minor name (print) | Date of birth |
|--------------------|---------------|--------------------|---------------|
|                    |               |                    |               |
|                    |               |                    |               |
|                    |               |                    |               |

As legal authority, I authorize the following individuals to escort the minor(s) listed on this form to visit the above named incarcerated individual.

*Anyone who will be escorting the minor(s), including the minor(s) parents, must be listed on this form.*

| Adult escort name (print) | Date of birth | Relationship to minor | Adult escort name (print) | Date of birth | Relationship to minor |
|---------------------------|---------------|-----------------------|---------------------------|---------------|-----------------------|
|                           |               |                       |                           |               |                       |
|                           |               |                       |                           |               |                       |
|                           |               |                       |                           |               |                       |

## LEGAL AUTHORITY CONSENT

Sign in the presence of a Public Notary \_\_\_\_\_  
Legal authority name (print)

\_\_\_\_\_  
Signature Date

**I do swear either from personal knowledge or from satisfactory evidence, that the signature on this form is that of the person before me as named in this document.**

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ OF \_\_\_\_\_  
Day Month, Year

SEAL

\_\_\_\_\_  
Notary signature

NOTARY PUBLIC in and for the state of: \_\_\_\_\_

County of: \_\_\_\_\_

Notary name (print) \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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 00-03, RCW 42.56, and RCW 40.14.

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