



EXTENDED FAMILY VISIT APPLICATION/ACKNOWLEDGMENT

Incarcerated individual: _____ DOC number: _____

The below named are applying for an Extended Family Visit (EFV).

Name	Date of Birth	Relationship	Mailing address and phone number

Yes No Certified/notarized documents required and attached (e.g. Applicable certified copies obtained from a regulatory agency of marriage/domestic partnership, divorce decrees, birth certificate and/or adoption papers, have been included with this application for each participant listed-additional/different documentation may be required). Certain cases may require additional documentation, if this is the case, you will be notified, in writing. Documents will be copied by EFV processing staff, originals will be returned to the address on file.

Yes No Color copy of driver license/state issued identification card

Yes No On approved visitor list.

Yes No On community supervision/parole. If yes, explain: _____

Yes No Have you or any participants noted above ever been identified as a victim of incarcerated individual. If yes, explain: _____

Yes No Has there ever been a no contact order of any type requested or put in place between you/other participants, and the incarcerated individual?

For spouses/state registered domestic partners married/joined in partnership after crime of current conviction:

Yes No Was the marriage/partnership process followed per DOC 590.200 Offender Marriages and State Registered Domestic Partnerships? If yes, ensure documentation is attached.

