

 **SPECIAL VISIT REQUEST**

 ***PETICIoN PARA UNA VISITA ESPECIAL***

Name/*Nombre* DOC number Living Unit/*Unidad de vivienda* Date/*Fecha*

 *Número del DOC*

|  |  |  |
| --- | --- | --- |
| **DATE***Feche* | **START TIME***Hora - comienzo*  | **END TIME***Hora de terminar* |
|       |       |       |
|       |       |       |
|       |       |       |

**DATE(S) AND TIME(S) OF REQUESTED VISIT(S):**

***FECHA(S) Y HORA(S) DE VISITA(S) PEDIDA(S):***

**INTENDED VISITOR(S):**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME - *Nombre* | **DOB***Fecha nacido* | **RELATIONSHIP***Relación* | **CITY/STATE***Ciudad/Estado* |
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|       |       |       |       |
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|       |       |       |       |

Reason for Visit/*Razón de la visita*:

Signature/*Firma*:

|  |
| --- |
| **DO NOT WRITE BELOW THIS LINE/ *NO ESCRIBA DEBAJO DE ESTA LÍNEA*** |

File materials, documents, and/or contacts verify accuracy of the above/*Archivos, documentos y/o contactos verifican lo anterior*:

Visit Sergeant Signature/*Firma del sargento de visitas y fecha* Date

**NCIC/WACIC/DISCIS CLEAR?** [ ] YES[ ] NO

***¿Autorizado por NCIC/WACIC/DISCIS?*** Employee Signature (for Criminal History Check) Date

[ ] APPROVED[ ] DENIED

 *Aprobado Denegado* Approver Signature Date

Comments/*Comentarios*:

**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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