

Fairfield County Detention Center  
10 Faith Lane  
Winnsboro, South Carolina 29180

## Ex-Inmate Visitation Reinstatement Request

A copy of this form or a handwritten request should be filled out completely and returned, by mail or in person, to the Fairfield County Detention Center attention Director. Submitting this form or request does not automatically reinstate your visitation privileges. An attempt will be made to contact you to inform you that your request has been approved /disapproved. We will use the contact information that you provide in this request. If you have not been contacted within five (5) business days or you have any questions, contact the Fairfield County Detention Center at (803) 635-4841 Monday – Friday (9:00am – 5:00pm).

Your Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate You Are Requesting To Visit: \_\_\_\_\_

Have you been incarcerated or detained at the Fairfield County Detention Center in the past six (6) months?  YES /  NO If so, what date were you released from custody: \_\_\_\_\_

Are you listed as the victim to the charge(s) of the inmate you are requesting to visit?  
 YES /  NO

Has your visitation privilege suspended for other reasons besides those listed above?  
 YES /  NO If so, explain: \_\_\_\_\_

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*\*\*\*\*\*Do Not Write Below This Line. For Administration Use Only\*\*\*\*\**  
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**APPROVED** /  **DISAPPROVED**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_