

Fairfield County Detention Center

Request for Visitation by FCDC Ex-offender

Date: _____

Name of Ex-offender requesting to visit:

Name of FCDC inmate to be visited:

Circle the appropriate relationship between Ex-offender and the inmate to be visited.

Spouse / Common-Law / Child / Parent / Grand-parent / Brother / Sister

* Must be immediate family ONLY*

* **(No Friends, Uncles, Aunts, Cousins, Nephews, or Nieces)***

How long was the Ex-offender incarcerated at FCDC?

*Give the dates of booking and release if you are able

Phone number where you can be reached: _____

Comments: _____

-----DO NOT WRITE BELOW THIS LINE. STAFF USE ONLY.-----

APPROVED / DISAPPROVED

Subject () was / () was not contacted via **phone / mail / in person**.

Director, FCDC

Date

NOTE: No persons will be allowed to visit with an inmate that is listed as a victim.