

THIS FORM IS USED TO PROVIDE PROPER IDENTIFICATION
AND INFORMATION FOR OFFICIAL STATE VISITORS
PLEASE READ AND FILL OUT COMPLETELY AND ACCURATELY

PLEASE PRINT

Date of Birth: _____

1. Purpose of Visit: _____

2. Mr. _____ Home Phone: _____
Mrs. _____ Business Phone: _____
Miss _____

Address: _____
(Number) (Street) (City) (Zip)

Height _____ Weight _____ Hair _____ Eyes _____ Race _____

Identifying Mark/Scars _____

Alias or Maiden Name, if Married _____

Driver's License _____ Soc. Sec. # _____
Number and State of Issuance ** OPTIONAL FOR ATTORNEYS ONLY

Occupation _____ Employer _____
Attorney's Bar # _____

3. Have you ever been arrested? Yes _____ No _____
Are you now on probation or parole? Yes _____ No _____
Do you know or are you related to any inmate or parolee? Yes _____ No _____
Do you visit any other CDCR Facility? Yes _____ No _____

IF YES WAS ANSWERED TO ANY OF THE ABOVE. PLEASE USE REVERSE SIDE TO EXPLAIN

4. The following are inserts of the laws, rules, and regulations required to be adhered to upon entering and while on State Prison grounds:

(a) NO VISITOR WILL HAVE IN HIS POSSESSION OR TRANSPORT ON STATE PRISON GROUNDS ANY INTOXICANT, NARCOTICS, DRUGS, FIREARMS, EXPLOSIVES, TEAR GAS, OR ANY OTHER CONTRABAND ARTICLES. VIOLATION OF THESE LAWS IS A FELONY. RE: SECTIONS 2772, 2790, 4533, 4534, 4535, 4550, 4573.5, 4573.6, 4574, 4600 PENAL CODE.

(b) NO VISITOR WILL CARRY ON OR CONVEY MESSAGES, WRITTEN OR ORAL TO OR FROM ANY INMATE. VIOLATION IS MISDEMEANOR. RE: SECTION 4570, PENAL CODE SECTION 3401, TITLE 15, DIV. 3, CALIFORNIA CODE OF REGULATIONS. (CCR)

(c) NO VISITOR IS PERMITTED TO GIVE OR RECEIVE ANY ARTICLE, GIFT, FOOD, OR MONEY TO OR FROM INMATES. VIOLATION IS A MISDEMEANOR. RE: SECTION 2541, PENAL CODE SECTION 3399, TITLE 15, DIV 3 (CCR).

(d) NO VISITOR IS PERMITTED TO SMOKE INSIDE ANY STATE OWNED BUILDING ON PRISON GROUNDS, PER GOVERNOR'S EXECUTIVE ORDER NO. W-42-93, THE STATE OF CALIFORNIA'S SMOKING POLICY.

(e) THERE WILL BE NO PERSONAL CELLULAR TYPE PHONES, PERSONAL DIGITAL ASSISTANTS (PDA), OR OTHER EQUIPMENT WITH THESE CAPABILITIES ALLOWED WITHIN ANY INSTITUTION SETTING. RE: DEPARTMENT OPERATIONS MANUAL (DOM) #12070.18

I HAVE READ THE ABOVE RULES AND AGREE TO COMPLY. I UNDERSTAND THAT I AM SUBJECT TO SEARCH AT ANY TIME. I FURTHER AUTHORIZE A CRIMINAL HISTORY INQUIRY.

Signature _____ Date _____
(Rev.04-09)

Associate Warden, Complex II _____ Date _____