

\* MUST BE FILLED OUT AT LEAST **24 HOURS** BEFORE VISITING  
 \* IF APPROVED, WILL BE ADDED TO YOUR LIST AFTER CLASSIFICATION  
 \* FORM WILL BE RETURNED IF NOT COMPLETED FULLY

## DODGE COUNTY DETENTION FACILITY INMATE VISITOR LIST FORM

INMATE NAME: \_\_\_\_\_ JID#: \_\_\_\_\_ DATE: \_\_\_\_\_

**VISITOR INFORMATION  
PLEASE PRINT**

POD: \_\_\_\_\_

(Items in **BOLD** are mandatory to complete)

<b>Last Name</b>	<b>First Name</b>	<b>Full Middle Name</b>
Address:		Apartment Number:
City:	State:	Zip:
County:		Country:
<b>Phone Number:</b> Area Code (    )    -		
Race:	Sex:	<b>Birth Date:</b>
City of Birth:		State of Birth:
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number: (Not required for children or if Driver's License or State ID # provided)
<b>Driver's License # or State ID #</b>		<b>State Issued:</b>
Relationship to Inmate:		
Does this visitor replace someone already on your list? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If this visitor replaces someone – what is that person's name?		

THIS SECTION TO BE COMPLETED BY JAIL PERSONNEL

<b>Visitor #</b>	<b>Entered By:</b>
<b>Replaces Visitor #:</b>	<b>10-29 Run By:</b>
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>	