Do not attempt to visit until notified by the Detention Center that your application to visit has been approved.

## NOTICE: ALL FORMS OF COMMUNICATION ARE SUBJECT TO MONITORING

All spaces must be completely filled out before this visit application will be accepted for processing.

| Non cost           | WESTON CO<br>VISITING PR | Den<br>Rec | Appr<br>Den<br>Rec<br>D.O |              |                |          |
|--------------------|--------------------------|------------|---------------------------|--------------|----------------|----------|
| Please Print       |                          |            |                           |              |                |          |
| Inmate             |                          |            |                           |              |                |          |
| Last               |                          | First      | Middle                    |              |                |          |
| Visitor            |                          |            | DOB                       |              |                |          |
| Last               | First                    | Full Mide  | dle M                     | Mo. Day Year | Age            | Sex      |
| Address            |                          |            |                           |              |                |          |
| Numbe              | er Street                | Apt #      | Cit                       | У            | State          | Zip Code |
| Relationship to In | imate (e.g., Mother      | Friend)    |                           |              |                |          |
|                    |                          |            |                           | Ar           | rea Code/Phone | Number   |

## ANYONE LESS THAN 18 YEARS OF AGE MUST BE ESCORTED BY THEIR PARENT OR LEGAL GUARDIAN. If

children are escorted by an adult other than their parent or legal guardian, a signed and notarized authorization by the child's parent(s) must accompany the application.

**FULL NAME AND DATE OF BIRTH of all children LESS THAN AGE 18, that I wish to have eligible to visit.** Must be immediate family member.

| Full Name   | DOB    | Full Name  | DOB                | Full Name | DOB |  |  |  |  |  |
|---|--------|--|--------------------|-----------|-----|--|--|--|--|--|
| Full Name   | DOB    | Full Name  | DOB                | Full Name | DOB |  |  |  |  |  |
| Have you ever been a resource/volunteer/employee at the Weston County Sheriff's office? No Yes  |        |  |                    |           |     |  |  |  |  |  |
| If Yes, When _  |        | and Where  |                    |           |     |  |  |  |  |  |
| Have you been convicted of a FELONY in the last ten (10) years?    No    Yes      Have you ever had a felony conviction reverted to a misdemeanor or expunged?    No    Yes      Do you have ANY PENDING CHARGES against you?    ***    No    Yes      ***NOTE: Attach a letter of explanation if necessary.    No    Yes      Have you been incarcerated in this facility within the last year***    No    Yes |        |  |                    |           |     |  |  |  |  |  |
| If yes when? _  |        |  |                    |           |     |  |  |  |  |  |
| Are you NOW<br>No 📄 Yes [   | _ ' '' | e, or supervised release?<br>we your agent's written appro | val and signature. |           |     |  |  |  |  |  |

<u>PROPER IDENTIFICATION WILL BE REQUESTED TO VISIT.</u> Identification must be with you each time you visit. Select ONE of the four identifications listed below.

CIRCLE TYPE OF PICTURE ID AND ENTER ID NUMBER in this space.

- 1. Valid Driver's License from State of Residence
- Valid Military Photo ID (Active Duty Only)
  Valid Passport (If Resident of Foreign Country)
- 2. Valid Photo ID card from State of Residence

No more than five (5) approved visitors per inmate. The information requested on this form will be used by the Weston County Detention Center to determine whether or not to approve you to enter the facility as a visitor. You are not legally required to provide this information, but failure to do so may result in not allowing you to enter the facility. A check with law enforcement will be made to find out whether or not you have outstanding warrants upon each visit. If you are approved for entering the facility, this form will be kept on file. If you are not approved, this form will be destroyed. The only persons or agencies that will have access to this information will be those who have legal access to private or confidential data maintained by the Weston County Sheriff's Office.

Any person who attempts to bring, send, or in any manner causes to be introduced into the Weston County Detention Center or within or upon the grounds belonging to or land controlled by the Weston County Detention Sheriff's Office, any controlled substance, firearms, weapons, or explosives of any kind, is prohibited and could be charged with a crime. Any person who brings, sends, or in any manner introduces into this facility or within or upon the grounds belonging to or land controlled by the Weston County Sheriff's Office, any intoxicating or alcoholic liquor or malt beverage or under the influence of any kind is prohibited and will not be allowed to visit and could be charged with a crime. The provisions of this section shall not apply to physicians carrying drugs or introducing any of the above described liquors into such facility for use in the practice of their profession; nor to Deputy Sheriffs or other peace officers carrying revolvers or firearms as such officers in the discharge of duties. All persons and their belongings entering this facility or upon the grounds thereof may be subject to search for contraband articles at any time. Admittance will be denied to anyone refusing to subject their person or belongings to a search. Absolutely no personal items allowed in the visitation rooms.

THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS FORM IS GROUNDS FOR DENVING VISITING PRIVILEGES. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature

Date

Return completed application to:

Weston County Sheriff's Office 25 North Sumner Newcastle, Wyoming 82701 (307) 746-4441