KANE COUNTY JAIL VISITING APPLICATION

This visiting application, if approved, shall remain valid for a period of one year from review date unless the visitor has a change of address or change of legal status. All inmates shall update, quarterly, their designated visitor list. Visitors shall notify Kane County Jail staff in writing of any change of address or legal status within ten days of the change. Failure to provide this information within the ten day time limit shall result in suspension of visiting privileges.

_____ _____

INMATE NAME (Last, First, Middle) INMATE NAME NUMBER

ANNUAL UPDATE
Y☐ N☐

CHANGE OF VISITOR INFORMATION
Y☐ N☐

_____ _____ _____

VISITOR NAME (Last, First, Middle) SSN# DOB

_____

ALL PREVIOUS NAMES USED (Alias or maiden names)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP_____

DRIVER'S LIC or I.D. # / STATE: _____

MARITAL STATUS: _____

FELONY RECORD: Y [ ] N [ ]

If "yes", explain: _____

_____

ON PROBATION/PAROLE: Y [ ] N [ ]

If "yes", explain: _____

_____

RELATIONSHIP TO INMATE: _____

VISITOR'S SIGNATURE: _____ DATE: _____

(By my signature, I certify that the information given in this application is true and correct.)

BACKGROUND CHECK: (To be filled out by jail staff)

LICENSE:	VALID	SUSPENDED
STATE:	NO RECORD	RECORD
NCIC:	NO RECORD	RECORD
WARRANTS:	NO	YES

FBI #s: _____

SID #s: _____

COMMENTS: _____

_____

APPROVED FOR VISITING: Y [ ] N [ ]

REVIEW DATE: _____

COMMENTS: _____

REVIEWING OFFICER'S SIGNATURE: _____