



Department of Correctional Services
5-7 King Street, Kingston, Jamaica.

VISITOR APPLICATION FORM I

For Relatives and Friends of Inmates

Persons under 18yrs are not allowed in Adult Correctional Centres
(Please use block capitals)

Name of Visitor: _____ / _____ / _____
First Middle Surname

Also known as (a.k.a) _____

Residential Address: _____

Postal Address: _____

Nationality: _____ TRN #

Date of Birth:
Day Mth Year

Contact #s Work ()
Home ()

Occupation: _____

Date of visit:
Day Mth Year

Name of Inmate: _____ Inmate also known as: _____

Current Institution: _____ Inmate Class: remandee [] convicted []

Relationship to Inmate:

Spouse [] Parent []
Sibling [] Parent/Guardian of inmate's children []
Grandparent [] Daughter/Son []
Friend [] Other _____

Have you had previous convictions Yes [] No []
(If yes, please list the following) Place of conviction _____
Offence _____
Completion date of sentence _____

Are you on Parole or a Community Order Yes [] No []

Purpose of Visit _____

Violation: _____

- I understand that I cannot make physical contact with the inmate and that money, weapons, cell phones or other prohibited articles are not allowed inside the institution.
- This application must be completed accurately two weeks before requested date of visit. False information could result in loss of privilege.
- I also agree to the terms and conditions or the visits

Visitor's signature _____ Date _____

Visitors are required to show a valid ID.

ID type _____ ID # _____ ID expiration date _____

FOR OFFICIAL USE ONLY

Approved []

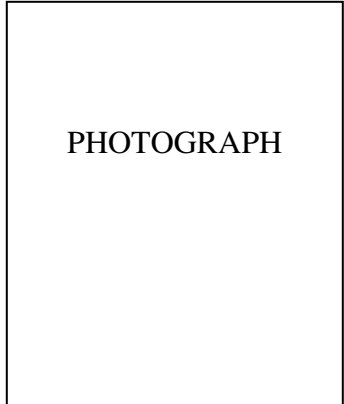
Declined []

Deferred []

Date Referred:
Day Mth Year

Commissioner

Date





Department of Correctional Services
5-7 King Street, Kingston, Jamaica.

VISITOR APPLICATION FORM 2

For Attorneys, NGOs, CBOs, and other groups.

Persons under 18yrs are not allowed in Adult Correctional Centres
Group members must complete separate application forms
(Please use block capitals)

Name of Visitor: _____

Also known as: _____

Name of organization: _____

Nationality: _____

Address: Residential: _____

Postal: _____

Date of Birth:
Day Mth Year

Occupation: _____

Contact #s Work () Home ()

Name of Inmate: _____

Current Institution: _____

Inmate Class: remandee [] convicted [] Inmate also known as: _____

Relationship to Inmate(s):

Attorney at Law [] Public Defender [] Religious []

Researcher [] Consular/Diplomat [] Human Rights []

Volunteers [] Other _____

Have you ever been convicted of a criminal offence? Yes [] No []

Date of visit being requested:
Day Mth Year

Purpose of Visit: _____

Date of next visit :
Day Mth Year

- Excepting Attorneys, this application must be completed accurately *six weeks* before requested date of visit and must be accompanied by a cover letter addressed to the Commissioner of Corrections.
- False information could result in loss of privilege.
- Research requests must be accompanied by a research proposal including methodology, research instrument, interview schedule, copy of consent form and schedule of visits. Upon completion of your study A COPY OF YOUR RESEARCH REPORT MUST BE SUBMITTED TO THE DEPARTMENT.
- I understand that I cannot make physical contact with the inmate and that money, weapons, cell phones or other prohibited articles are not allowed inside the institution.

Visitor's signature _____ Date _____

(Visitors are required to show a valid photograph ID.)

ID type _____ ID # _____ ID expiration date _____

FOR OFFICIAL USE ONLY

Approved [] Declined [] Deferred []

Date Referred:
Day Mth Year

Commissioner

Date