VISIT APPROVAL FOR MULTIPLE INCARCERATED INDIVIDUALS

Date: _____

_____ requests to visit more than one incarcerated individual as listed below and has attached necessary documentation (e.g. birth certificate, marriage/state registered domestic partnership license).

Name		DOC number	Relationship to visitor
Facility	Unit	Documentation attached? ☐ Yes ☐ No	
Comments			

Name		DOC number	Relationship to visitor
Facility	Unit	Documentation attached? ☐ Yes ☐ No	
Comments			

Name		DOC number	Relationship to visitor
Facility	Unit	Documentation attached? ☐ Yes ☐ No	
Comments			

Name		DOC number	Relationship to visitor
Facility	Unit	Documentation attached? ☐ Yes ☐ No	
Comments			

Recommendation:
☐ Approve
☐ Deny

_____	_____	_____
Visit Unit employee	Signature	Date

JABS _____ OMNIXX _____

Action:
☐ Approved
☐ Denied

_____	_____	_____
Statewide Visit Specialist	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Headquarters Visit Unit **COPY** - Visit Sergeant, Imaging system