

Visitor Pre-Approval / Request to Visit Questionnaire

**Completed Forms may be mailed to the following address:
All forms must include a self-addressed stamped envelope at the time
the form is returned completed.**

**Plymouth County Correctional Facility
26 Long Pond Road
Plymouth, MA 02360**

- 1. All visitors will be required to complete this form in full.**
- 2. Visitors are required to return the form to the Plymouth County Correctional Facility with a copy of your valid form of identification.**
- 3. On receipt of the form, a criminal background check will be conducted by the Plymouth County Sheriff's Office.**
- 4. Visiting privileges will be approved or denied upon completion of the criminal background check and verification of information provided on this form.**
- 5. Background checks will be conducted using the information provided on this form at any time deemed necessary by the Plymouth County Sheriff's Office.**

Signature spaces are provided at the base of both sides of this form and must be signed.

Visitor Information: Please print all responses legibly

All visitors will be required to present a positive form of picture identification at the time they visit the facility. Approved forms of picture identification for visitors include a valid driver's license, official identification with a picture, e.g., current passport, military ID, State Identification Card issued by the Registry of Motor Vehicles.

What form of Picture identification will you be using, when you visit? _____

Do you possess a current drivers license? _____

Yes ☐ No ☐

If Yes, License # & State of Issue: _____

Will you be presenting a passport as identification? _____

Yes ☐ No ☐

If Yes, Passport # & Country of Issue: _____

If another form of identification is used, list the identification #: _____

Have you ever been arrested? _____

Yes ☐ No ☐

If Yes list the year and the offense: _____

Have you ever been sentenced to a Correctional Facility / Prison? _____

Yes ☐ No ☐

If Yes list the facility (ies) and the date (s): _____

Have you ever been convicted of a crime? _____

Yes ☐ No ☐

If Yes list the year and the offense: _____

Have you ever been convicted of a felony? _____

Yes ☐ No ☐

If Yes list the year and the offense: _____

Are you barred / banned from any Correctional Facility / Prison? _____

Yes ☐ No ☐

If Yes list the facility (ies) and the date (s) and reason: _____

Do you currently visit any other inmates incarcerated at the Plymouth County House of Correction? _____

Yes ☐ No ☐

If yes, what is the name of the other inmate you visit? _____

Name of Inmate you are requesting to visit: _____

What is your relationship to the inmate? _____

(Examples: Spouse, Parent, Sibling, Child, Grandchild, Friend, Attorney, Business, Clergy, Guardian)

Do you currently or have you ever retained a 209-209A Restraining Order against the inmate you are requesting to visit? _____

Yes ☐ No ☐ If yes, please explain: _____

Does anyone have an active 209-209A Restraining Order against you? _____

Yes ☐ No ☐

If yes, please explain: _____

By attaching your signature, to this form, you are attesting that all statements made and / or answers given are truthful and that all answers given are subject to the penalties of perjury.

Signature of Visitor: _____

Date: _____

**Confirmation of visit eligibility will be mailed to the requesting visitor at the address posted
on the self-addressed stamped envelope, you must provide**

