

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
3. On receipt of the form, a criminal background check will be conducted by the Plymouth County Sheriff's Department.
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 Department.

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

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In accordance with MGL 127 § 36, Plymouth County Sheriff's Department policies, procedures and relative standards, each inmate is allowed to have five persons approved for visiting privileges while incarcerated. Any persons completing this form for the purpose of a visit must be listed on the inmate's list of visitors.

As a visitor, you are limited to visiting 1 (one) inmate. Permission to visit more than 1 (one) inmate shall be reviewed and approved or denied by the Assistant Superintendent or designee. Any request to visit more than 1 (one) inmate must be placed in writing by the visitor making said request.

All visitors are advised of the following:

- 1. Any questions not answered in full while completing this form, may result in the denial of visiting privileges.
2. THE CARRYING, CONCEALING OR DEPOSITING OF GUNS OR OTHER WEAPONS, DRUGS, ALCOHOL, OR ANY ARTICLE WHATEVER INTO OR OUT OF THE FACILITY, OR ON INSTITUTION PROPERTY, WITHOUT THE PERMISSION OF THE SHERIFF CAN RESULT IN THE LOSS OF VISITING PRIVILEGES AND IS PUNISHABLE UNDER MASSACHUSETTS LAW
3. Copies of visiting Rules, Regulations, Dress Codes and state statute are posted in the Visiting Lobby. A visitor booklet is available in the lobby for the above listed information.
4. The Plymouth County Correctional Facility is a smoke free environment. It is prohibited to bring cigarettes, chewing tobacco or any form of tobacco products into this institution.
5. Your person, any packages, bundles or items in your possession are subject to being searched any time you are on county property or in the county's facility(ies). Cameras & recording devices are forbidden on the property, unless properly authorized by the Sheriff or his designee.
6. All vehicles are subject to being searched prior to being allowed access to county property and at any time they are on county property for any purpose. All vehicles must be locked when not occupied.
7. Minor children on property for the purpose of visiting must be a blood relative of the inmate. Minor children on county property must at all times remain with the responsible adult who has brought the child with them.
8. Violation of the above listed information or any Plymouth County Sheriff's Department policy or procedure will result in the immediate termination of the visit taking place and may result in denial of future visiting privileges.
9. Visitors are required to report any felony charges or convictions.
10. 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.

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Visit Information : Please print all responses legibly

Full Name of Visitor: Last Name First Name Middle Initial

Current Residence: Apartment #: A valid street address must be listed.

City / Town: State: Zip Code:

Telephone #: Social Security #:

Date of Birth: Age: Male Female

Place of Birth: State / Country: Zip Code:

Signature of Visitor: Date:

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This section to be completed by Plymouth County Sheriff's Department Staff

Criminal Records check is clear, no records were found. Officer's Signature:

Criminal Records check requires further review, due to recent history / open cases / or felony convictions. Officer's Signature: