PERSONAL/FAMILY VISIT REQUEST

Please complete ALL of the information below if you wish to visit an inmate at the Denver County Jail. If the required information (*) is not filled in completely, your visit will NOT be processed or scheduled. Your requests will be reviewed and scheduled based on availability. When your request has been processed and your visit is scheduled you will be contacted either by phone, fax or email. Please ensure you have listed a valid email address, fax number, or call back number with voicemail or answering machine capabilities in the event you are not available. Please drop this form in the box marked VISIT REQUESTS or take it with you, complete it, and FAX it back attention to VISIT RESERVATIONS at 720-913-3749. You will be notified within 48 hours (excluding weekends) only if your visit requests were approved.

*** = REQUIRED INFORMATION**

***Inmate's Name:** _____

***Booking Number:** _____ **Inmates DOB:** _____

***First Visit Personal Visit** ☐ **Family Visit** ☐ **(X one box)**

***Date of Visit:** First Request: _____ Time: _____

Second Request: _____ Time: _____

Third Request: _____ Time: _____

***Second Visit Personal Visit** ☐ **Family Visit** ☐ **(X one box)**

***Date of Visit:** First Request: _____ Time: _____

Second Request: _____ Time: _____

Third Request: _____ Time: _____

***Visitor Information - ALL of this information must be completed or the visit will NOT be processed.**

1st Visitor's Name: _____ **Relationship:** _____

Date of Birth: _____ **Driver's License/State ID Number:** _____
dd/mm/yr **# - state**

2nd Visitor's Name: _____ **Relationship:** _____

Date of Birth: _____ **Driver's License/State ID Number:** _____
dd/mm/yr **# - state**

3rd Visitor's Name: _____ **Relationship:** _____

Date of Birth: _____ **Driver's License/State ID Number:** _____
dd/mm/yr **# - state**

***CALL BACK NAME & NUMBER or FAX # :** _____