

PERSONAL/FAMILY VISIT REQUEST

**Visits only approved after inmate has been in facility for 10 days.
10 days begins again if inmate is transferred to another DSD facility.**

Please complete ALL of the information below if you wish to visit an inmate at the Van-Cise Simonet Detention Facility or the Denver County Jail. If the required information (*) is not filled in completely, your visit will not be processed or scheduled. Your request will be reviewed and scheduled based on availability. When your request has been processed and your visit scheduled you will be contacted by phone, fax or email. Please be sure to list a valid email address, fax number or a call back number with voicemail or answering machine capabilities. Please drop this form into the box marked VISIT REQUESTS or take it with you, complete it and fax it back to VISIT RESERVATIONS at 720-913-3749. You will only be notified if your visit has been approved.

*** = REQUIRED INFORMATION**

* Inmate's Name: _____

* Booking or CD Number: _____ Inmate's DOB: _____

* First Visit: (select only one) _____ Personal Visit _____ Family Visit

* Date of Visit: Primary Request: (Date) _____ (Time) _____

First Alternate: (Date) _____ (Time) _____

Second Alternate: (Date) _____ (Time) _____

*Second Visit: (select only one) _____ Personal Visit _____ Family Visit

* Date of Visit: Primary Request: (Date) _____ (Time) _____

First Alternate: (Date) _____ (Time) _____

Second Alternate: (Date) _____ (Time) _____

* Visitor Information – **ALL 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 _____

2nd Visitor's Name _____ Relationship: _____

Date of Birth: _____ Driver's License/State ID Number _____

3rd Visitor's Name _____ Relationship: _____

Date of Birth: _____ Driver's License/State ID Number _____

Call back information: Name: _____

Contact Number: _____

Email: _____