

Comanche County Detention Center

Inmate Visitation Request Form

OSCN _____ DOC _____ NCIC _____

Approved _____ Denied _____

Illegible and incomplete forms will not be processed. Do not leave any blanks, use none or N/A as required

INMATE INFORMATION		
Last Name	First	Initial

VISITOR INFORMATION		
Last Name	First	Initial
Street Address		Apt/Unit #
City	State	Zip
SSN	Sex	Race
Height	Weight	Ph # ()
Maiden Name	POB	DOB
Alias(s)		

SPOUSE INFORMATION		
Last Name	First	Initial
Date of Marriage		State of Marriage
Spouse DOB		
Spouse Employer		

EMPLOYMENT INFORMATION		
Occupation	Employer	
Address	City	State
Ph # ()		
<i>If not employed, please list your nearest living relative</i>		
Last Name	First	Initial
Street Address		
City	State	Ph # ()

INMATE INFORMATION		
What is the inmate's relation to you?		
How long have you known the inmate?		
Are you currently corresponding/volunteering or visiting with another inmate at this or another facility?		
Yes	No	
If yes Inmate Name		
Name of Facility		
City	State	

VIOLATION INFORMATION		
Have you ever been arrested, cited, or charged?		
Date of	Location of	
Charge		
Disposition		
Date of	Location of	
Charge		
Disposition		
Date of	Location of	
Charge		
Disposition		

ARREST INFORMATION		
Are you on Probation or Parole?		
If yes, who is your Probation/Parole Officer?		
Has any member of your family been arrested?		
Last Name	First	Initial
Relation		
Date Charged	Where Charged	
Charges		

VEHICLE INFORMATION		
Make	Model	Year
Tag #	Color	
Drivers License #	State	Expiration

PLEASE READ THE RULES AND REGULATION BELOW

All visitors 16 years of age and older absolutely must have bonafide identification which includes their photograph when visiting this facility. State driver's licenses, state, Federal, military or school I.D.'s are acceptable.

Under Oklahoma Statutes, Title 57, Chapter 1, Stature 21: Any person who brings into or has in his possession in any jail or state penal institution or other place where prisoners are located, any gun , knife, bomb, or other dangerous instrument, narcotic drug or any dangerous drug whatsoever, including amphetamines, sleeping potions, barbiturates, or derivatives thereof, or any alcoholic beverages, or money, will be guilty of a felony and is subject to IMPRISONMENT IN THE STATE PENITENTIARY for not less the one (1) year or more than five (5) years, or a fine of not less than one hundred dollars(\$100.00) or more than one thousand dollars (\$1000.00), or both such fine and imprisonment.

Where there exists a reasonable suspicion or probable cause to believe that a particular visitor is attempting to introduce contraband into this facility, the Administrator or his designee may order that the visitor be subjected to a more thorough search. A visitor may be requested to remove his/her clothing to submit to a strip search only when the Administrator or his designee determines there is probable cause to believe the particular visitor possesses contraband. In such an instance, the search must be conducted by two trained staff members of the same gender. The visitor may also be subject to search by a certified drug dog.

Everyone entering the perimeter of this facility will, at a minimum, be subject to a pat search. Bags, purses, boxes, etc., carried by persons entering this facility will be subject to search. All vehicles and their contents are subject to search upon entering the grounds.

Should a visitor refuse to grant permission for the search, entry to the facility will be denied and may be grounds for appropriate actions. In addition, the person will be denied future access to the facility.

CONSENT TO SEARCH/ACCESS TO CRIMINAL HISTORY INFORMATION

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE THAT I UNDERSTAND AND I AM SUBJECT TO THE LAWS OF THE STATE OF OKLAHOMA AND THE REGULATIONS OF THE COMANCHE COUNTY DETENTION CENTER WHILE ON THE PROPERTY OF THE DETENTION CENTER. I UNDERSTAND THAT MY ENTRY ONTO FACILITY GROUNDS IS PRESUMED CONSENT TO A PAT DOWN SEARCH AND THE SEARCH OF MY VEHICLE AND THAT MORE INTRUSIVE SEARCH MAY OCCUR DEPENDING UPON THE FACTS AND SUSPICIONS KNOWN TO PRISON STAFF. I FURTHER UNDERSTAND THAT BY MY SIGNATURE BELOW, I AM AUTHORIZING THE DETENTION CENTER TO CONDUCT A CRIMINAL BACKGROUND CHECK. I ALSO HAVE BEEN ADVISED OF THE APPROPRIATE CONDUCT AND DRESS CODE OF THE FACILITY.

Your signature below indicates you have read, or have had read to you, the rules above:

Name: _____ Date: _____

Signature: _____

List below any/all minor children that you would request visitation for (Brothers/ Sisters - Natural, Adopted, Step):

Name	Age	Date of Birth	Name	Age	Date of Birth

ATTACH ANY RELEVANT DOCUMENTATION (Birth Certificate, Divorce Decree, Etc.)

ANY INDIVIDUAL WHO FALSIFIES INFORMATION OR PURPOSEFULLY OMITTS INFORMATION ON THE VISITING FORM WILL BE DENIED VISITATION PRIVILEGES AND MUST WAIT 90 DAYS TO REAPPLY.