



Department of Correctional Services

5-7 King Street, Kingston, Jamaica.

VISITOR APPLICATION FORM 2

For Attorneys, NGOs, CBOs, and other groups.

Persons under 18yrs are not allowed in Adult Correctional Centres
Group members must complete separate application forms
(Please use block capitals)

Name of Visitor: _____

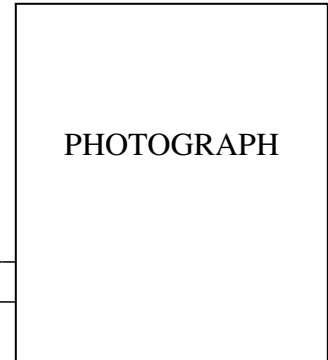
Also known as: _____

Name of organization: _____

Nationality: _____

Address: Residential: _____

Postal: _____



Date of Birth:

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Day Mth Year

Occupation: _____

Contact #s Work () Home ()

Name of Inmate: _____

Current Institution: _____

Inmate Class: remandee [] convicted [] Inmate also known as: _____

Relationship to Inmate(s):

Attorney at Law [] Public Defender [] Religious []

Researcher [] Consular/Diplomat [] Human Rights []

Volunteers [] Other _____

Have you ever been convicted of a criminal offence? Yes [] No []

Date of visit being requested:

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Day Mth Year

Purpose of Visit: _____

Date of next visit :

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Day Mth Year

- Excepting Attorneys, this application must be completed accurately *six weeks* before requested date of visit and must be accompanied by a cover letter addressed to the Commissioner of Corrections.
- False information could result in loss of privilege.
- Research requests must be accompanied by a research proposal including methodology, research instrument, interview schedule, copy of consent form and schedule of visits. Upon completion of your study A COPY OF YOUR RESEARCH REPORT MUST BE SUBMITTED TO THE DEPARTMENT.
- I understand that I cannot make physical contact with the inmate and that money, weapons, cell phones or other prohibited articles are not allowed inside the institution.

Visitor's signature _____ Date _____

(Visitors are required to show a valid photograph ID.)

ID type _____ ID # _____ ID expiration date _____

FOR OFFICIAL USE ONLY

Approved [] Declined [] Deferred []

Date Referred:

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Day Mth Year

Commissioner

Date