

ECTOR COUNTY DETENTION CENTER

VISITATION PERMIT

DATE: _____ INMATE: _____

Type of visitation requested: Personal Attorney Agency

| | | |
|-----------------------|---------------------|-------------|
| Personal Visit | Visitor Name: _____ | |
| | Address: _____ | |
| | City, State: _____ | |
| | ID Type: _____ | ID #: _____ |

| | | |
|-----------------------|----------------------|--------------|
| Attorney Visit | Attorney Name: _____ | Bar #: _____ |
|-----------------------|----------------------|--------------|

| | | | |
|-----------------------|------------------------------|----------------------------------|-------------------------------|
| Agency Visit | Visitor Name: _____ | | City: _____ |
| Name of Agency | <input type="checkbox"/> SO | <input type="checkbox"/> Parole | <input type="checkbox"/> CAO |
| | <input type="checkbox"/> OPD | <input type="checkbox"/> FBI | <input type="checkbox"/> DAO |
| | <input type="checkbox"/> APO | <input type="checkbox"/> Marshal | <input type="checkbox"/> MHMR |
| | Other: _____ | | |

Approval: Approved by: _____ Cell: _____

Reception: Time Received: _____ Times: _____

Do Not Write Below This Line - Official Use Only

| |
|--|
| <p>I/M to report to:</p> <p><input type="checkbox"/> Visitation <input type="checkbox"/> Attorney Room <input type="checkbox"/> Table at Central</p> <p><input type="checkbox"/> Room 111 <input type="checkbox"/> Room 3003 <input type="checkbox"/> Law Library</p> <p>Other: _____</p> |
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