

**JOHNSON CITY DETENTION FACILITY  
VISITATION APPLICATION**

INMATE NAME: \_\_\_\_\_

■ TDOC # \_\_\_\_\_

**READ CAREFULLY:** All questions must be answered. Any omissions or falsifications will be considered sufficient reason for disapproval for visitation. Anyone over the age of 18 must submit a copy of their driver's license, or a photo ID from the Department of Motor Vehicles with their visitation form. Siblings or children of the inmate under the age of 18 must submit a copy of their birth certificate with their visitation form. **(No exceptions)**. Also, Please attach **one recent single photograph of the individual requesting to visit (no group photos, photo-copy, computer generated photos, or driver's license will not be accepted for the photo required)** that has been taken within the last 30 days and place in lower left-hand corner of this application, or the visitation form will not be processed. Mail this form to the superintendent of the above institution. **This application will become part of the inmate's institutional record under the provisions of T.C.A. 4-3-606 and 4-6-140. It will be considered a public record available for review by the general public, subject to the procedures established in the above cited statute.** Any questions or concerns regarding this application may be directed to the Facility Superintendent at (423) 434-6145. Forms must be mailed to: 601 East Main St., Johnson City, TN 37601

VISITOR NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

CORRECT MAILING ADDRESS: \_\_\_\_\_

TELEPHONE:(HOME): \_\_\_\_\_ (BUSINESS): \_\_\_\_\_

I  DO /  DO NOT WISH TO VISIT WITH THIS INMATE.

DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

HEIGHT: FEET: \_\_\_\_\_ INCHES: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ RACE:: \_\_\_\_\_ SEX: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED

MY EXACT RELATIONSHIP TO THIS INMATE IS: \_\_\_\_\_

I HAVE KNOWN THIS INMATE FOR : \_\_\_\_\_ YEARS (AND/OR) \_\_\_\_\_ MONTHS

HAVE YOU EVER BEEN OR CURRENTLY ON THE VISITING OR FURLOUGH LIST OF ANOTHER INMATE CONFINED IN THIS FACILITY?  YES  NO.

IF YES, WHAT WAS OR IS HER NAME: \_\_\_\_\_

TDOC # \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY ?  YES  NO

IF YES, PLEASE LIST: \_\_\_\_\_

**NOTE: THERE WILL BE NO PAGERS OR CELL PHONES PERMITTED.**

YOUR SIGNATURE (SIGNATURE OF PARENT/ GUARDIAN IF UNDER THE AGE OF 18): \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED

DISAPPROVED \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT SIGNATURE