ILLINOIS DEPARTMENT OF JUVENILE JUSTICE

Prospective Visitor's Interview

_____
Facility

Visitor must complete all blanks up to and including signature and date.

Youth Visited: Name: _____ ID #: _____

Last Name: _____ First: _____ Middle: _____

Other Names used (include Maiden Name): _____

Home Address: _____
(Street and Apartment #) (City) (State) (Zip Code)

Home Phone #: (____)_____ Place of Employment: _____

Date of Birth: _____/_____/_____ Relationship to Offender: _____

☐ Male ☐ Female Race: _____ Height: _____ft. _____in. Weight: _____lbs. Hair: _____ (color) Eyes: _____ (color)

Photo ID: ☐ Driver's License # *or* ☐ State ID #: _____ State of Issue: _____

☐ Other (specify): _____

1. Are you on any other offender's approved visiting list? ☐ No ☐ Yes - If yes, provide each offender's name, number and facility: _____
2. Have your visits to an IL Department of Juvenile Justice facility ever been restricted or denied? ☐ No ☐ Yes If yes, where and when: _____
3. Have you ever been convicted of an offense other than a misdemeanor? ☐ No ☐ Yes - If yes, what offense/sentence: _____
4. Have you ever been incarcerated? ☐ No ☐ Yes ID #: _____ Name of facility and State: _____
5. Are you currently on parole or probation? ☐ No ☐ Yes - If yes, Parole Officer's name and office address: _____
6. Are you an employee or approved volunteer of the Department of Juvenile Justice? ☐ No ☐ Yes
   If yes, at which facility: _____
7. Do you have a valid, lawfully issued concealed carry permit? ☐ No ☐ Yes

I understand that, in accordance with 20 Ill. Adm. Code 525: Subpart A, I must be on the offender's visiting list and be approved by the Chief Administrative Officer in order to visit; visits may be limited to non-contact visits; visits may be temporarily or permanently suspended due to inappropriate behavior including violation of law, rules, or orders; and I am not permitted to exchange any item with the offender during a visit without prior approval of the Chief Administrative Officer. Visitors under the age of 17 need not be on the visiting list, but they must be accompanied by an approved visitor who is at least 17 years of age or older and they may be required to have the written consent of the parent or guardian to visit.

I certify that the information contained herein is complete and accurate. I further understand that providing false information or any violation of the visiting policy may result in the revocation of my visiting privileges.

_____ _____
Visitor's Signature Date

For Official Use Only

Comments: _____

_____

Reviewed by: _____ _____
Name and Title Date

Distribution: Facility File
Master Record File

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