

STATE of RHODE ISLAND and PROVIDENCE PLANTATIONS
DEPARTMENT of CORRECTIONS



VISITATION REQUEST FORM

Warden
Rhode Island Department of Corrections
Anthony P. Trivisono Intake Service Center
PO Box 8249
Cranston, Rhode Island 02920

Dear Warden,

I would like permission to visit with inmate _____ # _____ housed at the Intake Service Center. I have previously been charged or convicted of either a misdemeanor or felony. Below is my personal information requested to assist in rendering a decision on my visiting privileges.

Name _____
Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Place of Birth _____
Social Security # _____ Phone Number _____

Relationship to the inmate: _____
Are you a co-defendant with the inmate? Yes No

LIST ALL CHARGES AND/OR CONVICTIONS
(If additional space is required please use the back of this form)

Charge/Conviction	Court & Arresting Agency	Date	Disposition

Are you currently on probation or parole? Yes No

Signed: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Permission to visit: APPROVED DENIED _____
Warden or Designee

RESTRICTIONS: _____

Cc: Warden
Deputy Wardens
Reception

SEE INSTRUCTIONS ON BACK OF FORM

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INSTRUCTIONS

- 1) Complete this form legibly.
- 2) All information must be provided or the application will not be considered.
- 3) The form must be mailed to:
Warden
Rhode Island Department of Corrections
Anthony P. Travisono Intake Service Center
PO Box 8249
Cranston, Rhode Island 02920
- 4) No phone call authorizations will be discussed unless this completed form has been received and reviewed.
- 5) This process will take approximately five (5) days to process once received at the Intake Service Center.

SEE INSTRUCTIONS ON BACK OF FORM