

Commissioner

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: **PHOTOGRAPH** Name of organization: **Nationality:** Address: Residential: Postal: Date of Birth: Occupation: _____ Day Mth Year 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 Consular/Diplomat [] Human Rights [] Researcher **Volunteers** Other No [] Have you ever been convicted of a criminal offence? Yes Date of visit being requested: DayMth Year Purpose of Visit: __ Date of next visit: Excepting Attorneys, this application must be completed accurately two 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. A police record no older than 3 months must be submitted along with this application form. 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 _ (Visitors are required to show a valid photograph ID.) ___ ID #_____ ID expiration date_ ID type_ FOR OFFICIAL USE ONLY Approved [] [] [] Declined **Deferred Date Referred:**

Date

Day Mth