

**GEIGER CORRECTIONS CENTER VISITING QUESTIONNAIRE**

**INMATE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Last First M.I.

**CHECK ONE:** Federal \_\_\_\_\_ County \_\_\_\_\_ **REGISTER NO.** \_\_\_\_\_  
(Federal Only)

IN THE SPACE ABOVE PLEASE INDICATE THE NAME OF THE INMATE YOU WISH TO VISIT, TODAY'S DATE, AND WHETHER THE INMATE IS COUNTY OR FEDERAL STATUS.

PERSONS 18 YEARS OF AGE OR OLDER WISHING TO VISIT A **COUNTY** INMATE FOR THE FIRST TIME MUST COMPLETE THIS VISITOR QUESTIONNAIRE, READ THE ATTACHED VISITING RULES AND SIGN THE "RULES ACKNOWLEDGEMENT" SECTION, AND THEN GIVE THE COMPLETED FORM TO THE VISITING DEPUTY FOR PROCESSING. VISITING MAY BE DELAYED FOR UP TO TWO WEEKS WHILE THE QUESTIONNAIRE IS BEING PROCESSED. **IT IS THE POLICY OF GEIGER CORRECTIONS CENTER THAT ANY PERSON UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY A PARENT/LEGAL GUARDIAN. CHILDREN OF INMATES MAY VISIT WITHOUT A PARENT OR GUARDIAN ONLY WITH PRIOR NOTARIZED PERMISSION OF THE PARENT OR GUARDIAN AND WHEN ACCOMPANIED BY AN ADULT. THE PERMISSION MUST SPECIFY THE ACCOMPANYING ADULT AND WHETHER PERMISSION IS GIVEN FOR A SINGLE VISIT OR THE DURATION OF THE INMATE'S INCARCERATION.**

PERSONS 18 OR OVER WISHING TO VISIT A **FEDERAL** INMATE MUST COMPLETE THE QUESTIONNAIRE AND SIGN THE RULES ACKNOWLEDGEMENT, AND THEN MAIL THE QUESTIONNAIRE TO THE FACILITY FOR PROCESSING PER B.O.P. GUIDELINES. THIS TYPICALLY TAKES SEVEN TO TEN DAYS FOR PROCESSING FROM THE TIME THE STAFF RECEIVES THE COMPLETED QUESTIONNAIRE.

ALL INMATES ARE NOTIFIED WHEN THEIR VISITORS ARE APPROVED AND IT IS THEIR RESPONSIBILITY TO NOTIFY YOU. COMPLETED APPLICATIONS CAN BE SUBMITTED AT THE FACILITY OR MAILED TO:

**GEIGER CORRECTIONS CENTER  
ATTENTION: VISITING DEPUTY  
P.O. BOX 19202  
SPOKANE, WA 99219-9202**

**ATTENTION:** The information requested on this questionnaire is to be used solely to determine eligibility for visiting privileges at Geiger Corrections Center. **Any omission or falsification of information may delay processing or be cause for denial of visiting.** Other criteria for denial include active arrest warrants, No-Contact or restraining orders, former Geiger inmate status, significant criminal history, or any reasonable belief that such visitation may constitute a threat to the security or orderly operation of the facility.

**PLEASE PRINT LEGIBLY**

1. VISITOR'S NAME: \_\_\_\_\_  
Last First M.I.
2. BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ HT: \_\_\_/\_\_\_ WT: \_\_\_\_\_ HR: \_\_\_\_\_ EYES: \_\_\_\_\_  
Mo Day Yr Ft In Lbs. Color Color
3. HAVE YOU EVER USED ANOTHER NAME? IF SO, PLEASE LIST: \_\_\_\_\_
4. PRESENT ADDRESS: \_\_\_\_\_  
Number and Street City St Zip
5. PHONE NUMBER: ( ) \_\_\_\_\_
6. YOUR RELATIONSHIP TO INMATE: \_\_\_\_\_  
(You are parent, spouse, cousin, friend, etc.)
7. STATES (other than above) RESIDED WITHIN LAST 5 YEARS: \_\_\_\_\_
8. DID YOU KNOW THE INMATE PRIOR TO THEIR CONFINEMENT? \_\_\_\_\_ HOW LONG? \_\_\_\_\_
9. ARE YOU CURRENTLY VISITING, OR HAVE YOU EVER VISITED ANOTHER INMATE AT GCC? \_\_\_\_\_
10. IF YES, PLEASE LIST: \_\_\_\_\_  
Last First M.I. Date of Visit  
(Please designate whether federal or county inmate): \_\_\_\_\_
11. HAVE YOU **EVER** BEEN ARRESTED OR CONVICTED OR A CRIME? \_\_\_\_\_

11A. OFFENSE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ OUTCOME \_\_\_\_\_  
 \_\_\_\_\_

12. ARE YOU CURRENTLY ON PROBATION? \_\_\_\_ IF YES, DESIGNATE COUNTY, STATE, FEDERAL AND PLACE OF JURSDICTION. \_\_\_\_\_

**NOTE:** Answering yes to questions 11 or 12 does not necessarily disqualify you from visiting. If you are currently on parole, supervised probation, or other forms of court ordered supervised community custody, a letter authorizing you to visit this inmate must be sent by your supervising agency to the Unit Counselor/Visiting Officer by U.S. mail. This will serve in conjunction with the permission from the Geiger Director/Designee. Individuals currently serving sentences on Home Confinement, Electronic Monitoring, Pre-Release, Furlough, etc., will not be allowed to visit. Ex-inmates (with the exception of immediate family members) normally will not be eligible to visit until one year has elapsed from their release date.

13. WILL CHILDREN (UNDER 16 YEARS) BE ACCOMPANYING YOU? \_\_\_\_\_  
 Last Name First Name MI Birth Date Relationship  
 \_\_\_\_\_

14. ARE THE CHILDREN CURRENTLY UNDER COURT ORDERED SUPERVISION? \_\_\_\_ ARE YOU THE PARENT OR LEGAL GUARDIAN? \_\_\_\_ IF NOT, THEN A NOTARIZED STATEMENT FROM THE PARENT OR LEGAL GUARDIAN MUST BE SENT TO THE UNIT COUNSELOR AND/OR VISITING OFFICER PRIOR TO YOUR VISIT. \_\_\_\_ NO \_\_\_\_ YES (refer to number 12)

**RULES ACKNOWLEDGMENT**

I ACKNOWLEDGE THAT I HAVE READ THE ATTACHED VISITING RULES AND REGULATIONS AND AGREE TO ABIDE BY SAID RULES AS SET FORTH BY GEIGER CORRECTIONS CENTER.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*APPLICANT: Return Questionnaire, please print and retain Rules and Regulations sheet\*\***

**REASON FOR DISAPPROVAL:**

- \_\_\_\_\_ INCOMPLETE INFORMATION. SEE # \_\_\_\_\_
- \_\_\_\_\_ RULES ACKNOWLEDGEMENT NOT SIGNED
- \_\_\_\_\_ NEED APPROPRIATE LETTER OF AUTHORIZATION
- \_\_\_\_\_ OTHER

COMMENTS: \_\_\_\_\_

**\*\*APPLICANT: Return Questionnaire, please print and retain Rules and Regulations sheet\*\***

**GEIGER USE ONLY**

VISITING DEPUTY: \_\_\_\_\_ APPROVED: \_\_\_\_ DENIED: \_\_\_\_

UNIT MANAGER: \_\_\_\_\_ APPROVED: \_\_\_\_ DENIED: \_\_\_\_

RECEIVED	RECORDS CHECK	APPROVAL/DENIAL	DENIAL CODE
Date & Initials	Date & Initials	Date & Initials	

**DENIAL CODES:** 1-Ex-Geiger inmate (list clear date in comments); 2-Active Warrant; 3-No-Contact/Restraining Order; 4-Pending Charges (list clear date in comments); 5-Supervised Probation/Parole; 6-Sex Offender; 7-Extensive Criminal History; 8-Rules Acknowledgement not signed; 9-Incomplete information (list question number in comments); 10-Other (list in comments)

COMMENTS: \_\_\_\_\_

**Entered Into Computer      New Log Printed      Notice Sent To Inmate**