



Office of
APPANOOSE COUNTY SHERIFF



Gary D. Anderson, Sheriff
1125 West Van Buren St.
P.O. Box 474
Centerville, Iowa 52544
Phone: 641-437-7100 Fax: 641-437-7107

DATE: _____

INMATE: _____

To Whom It May Concern:

The above named individual who is an inmate in the Appanoose County Jail has listed your name on a Visitation Request.

If you wish to visit this inmate, you must first complete the enclosed Visitor Questionnaire and return it, to the Appanoose County Jail at the address listed above. The Jail Administrator will review your questionnaire, then approve or deny the visitation request. It will be your responsibility to contact the jail, one week after returning the questionnaire, to determine the outcome of the request.

A parent or legal guardian must accompany any person under the age of 18 wishing to visit an inmate in the jail.

Anyone who intentionally falsifies information on the questionnaire will automatically be denied visitation.

If you have any questions regarding this procedure, please contact the Appanoose County Jail at 641-437-7106.

Sincerely,

Chad Butler
Jail Administrator

APPANOOSE COUNTY JAIL VISITOR QUESTIONNAIRE

Questionnaire must be completed in full and signed. Failure to complete all the information accurately or misrepresentation of any information such as age, relationship, criminal background history, etc., WILL result in denial of visiting privileges.

Name of inmate you request to visit: _____

Your Name: _____

Your birth date: _____ Soc. Security number: _____

Your address: _____

Telephone number: _____

Previous address: _____

Relationship to inmate: _____

Name and ages of children living at above address: _____

Your interest in visiting is: _____

Your marital status: _____

Spouse's birth date: _____

Spouse's social security number: _____

Your Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

If not a relative, how long have you known the inmate? _____

Do you have any other family, relatives or friends currently incarcerated in Iowa or any other jurisdiction including city or county jails? _____

If yes: Give names and locations: _____

Are you currently on the visitation list of any other inmate, either in Iowa or other jurisdiction including city and county jails? YES _____ NO _____

If yes, give names and locations: _____

Have you ever been denied a visit or removed from an inmate visiting list, either in Iowa or other jurisdiction including city or county jails? YES _____ NO _____. If yes, give name and location: _____

If you have EVER been arrested, complete all information below. (Please list on separate paper any other arrests).

Charge: _____

County: _____

State: _____

Date of disposition: _____

Disposition: _____

Have you ever been involved in the illegal use of drugs including marijuana and prescription drugs? YES _____ NO _____.

Have you ever been associated with known drug users? YES _____ NO _____.

Are you on probation or parole? YES _____ NO _____.

If yes, name of your probation/parole officer: _____

If you are under the age of eighteen, a parent or guardian must sign below approving your visit:

RELATIONSHIP: _____

I CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.

DATE: _____ YOUR SIGNATURE: _____