



Kevin F. Coppinger  
 Sheriff  
 Heidi Mora  
 Superintendent

**Essex County Sheriff's Department  
 Pre-Release & Re-Entry Center.**

**165 Marston St Lawrence, MA 01841**

**Women-In-Transition Facility.**

**197 Elm St. Salisbury, MA 01952**



Telephone : (978) 750-1900  
 www.essexsheriffma.org

Request to Visit an Inmate

This request shall be made by each visitor, unless he or she has not reached his/her eighteenth birthday. In this case the parents or legal guardian shall act for the child.

**Positive Identification Required**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I request permission to visit: \_\_\_\_\_

My True name is : \_\_\_\_\_

My residence is: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver license Number: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer the following questions.

**Yes No**

1. Have you ever been convicted of a felony?

2. Have you ever been sentenced to a correctional facility?

3. Do you have any open cases, or warrants?

4. What is your relationship to the inmate whom you wish to visit? \_\_\_\_\_

5. If not related by blood or marriage, state the purpose of your visit? \_\_\_\_\_

I am the parent or legal guardian of the child listed below who are also visiting at this time.

Name of child Age Date of Birth

1 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_

2 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Signed under penalty of perjury: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle information: Make: \_\_\_\_\_ Plate: \_\_\_\_\_ Color: \_\_\_\_\_

**Official Use Only**

Approved:  Denied:

Investigator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read and acknowledge the following statements**

**You shall,**

- Lock your vehicle at all times.
- Permit an officer to search your person, your bundles, or your car at any time while on state property.

**You shall not**

- Bring dangerous weapons, cigarettes, alcoholic beverage or drugs on state property.
- Delivery anything to or take anything from a prisoner, except through the officer in charge.
- Wander around the grounds of the facility. Visit any other prisoner other than the designated. Use of foul or abusive language.

I, \_\_\_\_\_, hereby release, discharge, and exonerate the Essex County Sheriff's Department, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Essex County Sheriff's Department.

I further understand that the Essex County Sheriff's Department will conduct a background investigation which may include a check with past employers, criminal records check with the local police department, the State Police, the Massachusetts Board of Probation and Registry of Motor Vehicles. The Essex County Sheriff's Department will conduct these checks as the Department deems necessary.

**General Laws, Chapter 127, Section 36 ( as amended by Chapter 770, Acts of 1995)**

No Person except the governor, a member of the governor's council, a member of the general court, a justice of the supreme judicial, superior or district court, the attorney general, a district attorney; the commissioner, a deputy commissioner of corrections, a member of parole board, or a parole or probation officer may visit any of the correctional institutions of the common- wealth without permission, and shall also make and subscribe a statement under the penalties of perjury stating his true name and residence, whether has been convicted of a felony, and, if visiting an inmate of such institution, his relationship by blood or marriage, if any, to such inmate, and if not so related, the purpose of the visit.