

	<b>Massachusetts Department of Correction</b> <b>Inmate Visitor Listing</b> <b>Attachment 3</b> <i>in accordance with 103 CMR 483</i> <b>Department of Correction Visiting Policy</b>	
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Institution: _____	Date submitted: _____
Inmate's Name: _____	Inmate's Number: _____

Listed below are those individuals you would like to allow visitation privileges while you are incarcerated. Please note these individuals shall not be allowed to visit you until such time their visitation application has been received and approved. Please list adults that are your immediate family members, friends and or acquaintances. Children need not be listed however; they must be accompanied by a parent/legal guardian having physical custody or escorted by an adult accompanied with an approved minor consent form. Attorneys need not be listed.

Add (A) or Delete (D)	Visitor's Name	Relationship	Status Approved/Denied (OFFICIAL USE ONLY)

Inmate Signature: _____	Date: _____
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*Signature*

Reviewed by: _____	Date: _____
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