

**ORLEANS PARISH SHERIFF'S OFFICE  
SHERIFF MARLIN N. GUSMAN**

**VISITOR REQUEST FROM FOR NEW VISITORS**

The address you provide **must** be the address **where you are living currently**.

Your Picture I.D. (State or Driver's License) **must** have the address where you are currently living. **(If one of these two things are incorrect you will not be eligible for visitation)**

You must be as accurate and complete as possible. Do not use a P.O. Box for your address; you must use a street address. Your blue visitor I.D. card and picture I.D. (Driver's license/ State I.D.) must be presented for all future visits.

**TYPE OR NEATLY PRINT ALL INFORMATION**

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Inmate Folder NO.: \_\_\_\_\_ Inmate Name: \_\_\_\_\_

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Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your address: (Street # / Street Name) \_\_\_\_\_

Apartment # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Your phone no.: \_\_\_\_\_ Relationship to inmate: \_\_\_\_\_

Have you ever been arrested : YES \_\_\_\_\_ or NO \_\_\_\_\_

If yes, for what? \_\_\_\_\_

Your date of birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Your social security number : \_\_\_\_\_

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**For Inmate use only:**

Do you want to receive visits from the above named person : YES or NO (circle one)

Inmate Signature : \_\_\_\_\_ Folder No. \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_