



# COWETA COUNTY

## **Coweta County Prison Offices of the Counselors**

The attached documents are an *Application for Visitation Privilege* and a *GCIC/NCIC Consent Form* which, when completed, returned, and a **clear background check obtained** by our security chief, will permit you to visit an inmate at Coweta County Prison. Please be advised of the following requirements:

1. **Visitation will not be permitted by any adult for whom these forms have not been completed and filed. Minors will only be approved for visitation when their identities can be verified.**
2. **Both forms must be returned within 30 days from the date written on the first page of the *Application*.**
3. **Both forms must be completed in black ink.**
4. **All blanks must be completed.**
5. **The *GCIC/NCIC Consent* is not complete without a notarized signature.**
6. **A photo-copy of your driver's license complete with picture must accompany both the *Application* and the *GCIC/NCIC Consent* when returned.**
7. **Return both forms and the driver's license photo-copy by postal mail to . . .**

**Counselors  
Coweta County Prison  
101 Selt Road  
Newnan, GA 30263**

8. **If these procedures are not followed, your application will not be processed.**

101 Selt Road, Newnan, Georgia 30263  
Tel: 770-254-3723 FAX: 770-254-3738



**GEORGIA DEPARTMENT OF CORRECTIONS**  
**Application for Visitation Privilege**

SOP 227.05  
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**Facility/Center:** \_\_\_\_\_

**Offender:** \_\_\_\_\_ **GDC #:** \_\_\_\_\_

The offender named above has request that you be approved for visitation privilege with him/her at this institution. Prior to making the approval, we must first confirm the following information obtained from you. Failure to provide complete and accurate information may result in denial of your visitation privilege.

**Legal Name:** \_\_\_\_\_ **D.O.B. (mm /d d/y y):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home/Cell Telephone:** \_\_\_\_\_

**What is your relationship to the offender?** \_\_\_\_\_

**Have you ever been convicted of a crime?**  Yes  No, if so, what is the nature of conviction(s)  
**Date, county, state, and sentence received (attach additional sheet if necessary):** \_\_\_\_\_

**Are you on probation or parole?**  Yes  No, if so, give your probation/parole officer's name,  
**location and telephone number:** \_\_\_\_\_

**Are you related to any offender (s) incarcerated with Georgia Department of Corrections, other than the one listed above?**  Yes  No **If so, give name, GDC#, institution, relation of each offender (attach additional sheet if necessary):** \_\_\_\_\_

**Do you correspond or visit with other offenders?**  Yes  No **If so, give name, GDC#, institution, relation of each offender (attach additional sheet if necessary):** \_\_\_\_\_

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file and shall be maintained according to the official retention schedule for offender institutional files.



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Please check and attach appropriate documentation to verify your relationship with the listed offender:

- Notarized letter from you verifying your common law relationship
- Birth Certificate     Divorce Decree     Other: \_\_\_\_\_

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**THIS SECTION ONLY NEEDS TO BE COMPLETED IF YOU ARE NOT EXTENDED FAMILY (PARENT, SIBLING, CHILD, GRANDPARENT, SPOUSE, STEP-PARENT, STEP-SIBLING, BROTHER/SISTER-IN-LAW, AUNT, UNCLE, COUSIN, HALF SIBLING, NIECE, NEPHEW, or STEP-CHILD) OF THE OFFENDERS. PLEASE FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NEEDED.**

Describe the nature of your relationship with this offender: \_\_\_\_\_

How long have you known this offender: \_\_\_\_\_ Prior to their incarceration?  Yes  No

Where and how did the relationship develop? \_\_\_\_\_

Explain how your relationship with the offender will assist in and contribute toward his/her rehabilitation: \_\_\_\_\_

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**CRIMINAL/DRIVER HISTORY CONSENT (TO BE COMPLETED BY EVERYONE)**

I, \_\_\_\_\_, hereby authorize Georgia Department of Corrections to receive any criminal history information at any time pertaining to me which may be in the files of any criminal justice agency on the *National Crime Information Center/Georgia Crime Information Center (NCIC/GCIC)* network.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian  
(If under 18 years of age)

\_\_\_\_\_  
Date

### GCIC/NCIC CONSENT FORM FOR VISITORS OF GDC FACILITIES

I hereby authorize the Georgia Department of Corrections to receive any criminal/driver's license history information, at any time, pertaining to me which may be in the files of any state or local criminal justice agency.

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary