

**Bi-State/Bowie County Detention Center
Inmate Visitation Request Form**

Mail or hand deliver to:
Bowie County Detention Center
C/O Control
105 W. Front St.
Texarkana, TX 75501

Inmate's Name

SO #

Housing Unit

Persons under eighteen (18) years of age must be on the approved visiting list and accompanied by parent/legal guardian who is also approved on the inmate's visitation list.

THIS SECTION IS TO BE COMPLETED BY THE VISITOR AND NOT BY THE INMATE.

Please print clearly or type all the information requested.

Full Legal Name _____

Last Name

First Name

Middle Initial

Current Address _____

Street/P.O. Box

City

State

Zip Code

Telephone # _____ Date of Birth _____ Sex _____ Race _____

Social Security # _____ Driver's License # _____ DL State _____

Relationship to Inmate: _____

Have you been convicted of a crime other than a traffic violation: ___Yes ___No If yes, what was the date and the offense? Date _____ Offense _____

Information provided above may be used to complete a National Crime Information Center background check.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I understand that falsification of this information may result in the denial of visitation privileges.

Applicants Signature: _____ Date: _____

NOTE: Please complete this form in its entirety.