

Visitation Rules

ITEMS NOT PERMITTED IN THE VISITATION AREA

1. Cell phones, tablets/ iPad, wallets, billfolds and purses are not permitted in the building and must be secured in visitors' vehicle.
2. Currency is only permitted for use in the drink and snack machines. Visitors must have the change in a clear baggie. Change only up to twenty dollars (\$20) permitted.
3. Pictures or paper of any kind are not permitted.
4. Supplies for small children and infants are permitted. These items will be searched and must be left at the sign in desk until needed. Offenders are not permitted to change diapers.

ATTIRE

1. Visitors are required to wear appropriate attire. Shoes are required of all visitors, including children, at all times. Male visitors shall be required to wear shirts and full-length trousers. Females may wear trousers, or if a female visitor wears a dress, skirt or other similar garment, it may NOT be more than two (2) inches above the knees. Furthermore, all female visitors must wear foundation type garments such as bras, panties, and slip.

If a visitor is wearing clothing not considered appropriate by the front entry or visitation room staff, they shall immediately notify the Shift Supervisor or Assistant Shift Supervisor. The Shift Supervisor or Assistant Shift Supervisor shall have the authority to do the following:

- a. Require the prospective visitor to change into appropriate attire;
 - b. Ask the visitor to wear a cover-up such as sweater, jacket, or other type of concealing garment during the visit; or
 - c. Terminate the visit entirely, especially if the visitor refuses to cooperate with staff in this matter. (In the event the visit is terminated, the Shift Supervisor or Assistant Shift Supervisor shall notify the institutional Duty Officer). Notation of such behavior by a visitor(s) shall be noted in the "comments" field in the "contacts" section and in "case notes" section of the Department's offender data management system.
2. Inappropriate clothing shall include, but not limited to:
 - a. Dresses or tops with thin straps which expose shoulders or chest area in any manner;
 - b. Dresses, skirts or other similar garments that are more than two (2) inches above the knees;
 - c. Tops, such as tank tops or any other top which exposes shoulders or chest area in any manner;
 - d. Tube tops or halter tops of any type;
 - e. Any type of clothing which reveals the stomach or midriff area;
 - f. Any type of clothing that is made of sheer, net, mesh or transparent (see through) material;
 - g. Shorts of any kind or any kind of slacks that are above the knee (children twelve (12) years old and under may wear shorts);
 - h. Leggings, jeggings, or any other skin tight pants shall never be worn;
 - i. Any other type of clothing that is suggestive or revealing in any way shall be prohibited;
 3. Offenders may not allow any visitor to wear any of the offender's clothing at any time. Offenders may not wear any of the visitor's clothing while in the visitation area or any of the visitor's jewelry or have in their possession anything owned by the visitor(s). This procedure shall be strictly adhered to and shall be enforced by the visitation room staff.

VISITOR CHECK- IN

1. All visitors and their vehicles are subject to search.
2. All vehicles must be secured before entering the visitation area.
3. Only individuals who are listed on the Offender's approved visitors list will be admitted.
4. Children and pets must not be left unattended in vehicles for any reason.
5. Visitors aged sixteen (16) years and older must provide a valid picture ID (State ID card or Driver's License)
6. Visitors are required to place all personal items (including contents of pockets) on the desk at check-in.
7. Physical contact is not permitted except for the beginning and conclusion of a visit.
8. Children must be supervised at all times. Disruptive behavior must be addressed by the visitor who is the parent/guardian. Excessive disruptions may be cause to terminate a visit.



GEORGIA DEPARTMENT OF CORRECTIONS
Application for Visitation Privilege

Facility/Center: Floyd County Prison

Offender: GDC #:

The offender named above has requested 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 /dd/yy):

Gender: (M/F) Race:

Address: City:

State: Zip Code:

Occupation:

Home/Cell Telephone:

Email:

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):

Facility Use Only:
Approved Denied
Warden/Designee:
Date Approved/Denied:



GEORGIA DEPARTMENT OF CORRECTIONS
Application for Visitation Privilege

All individuals **MUST** attach a copy of their identification (driver's license or state identification card), if sixteen (16) years old or older. Please check and attach appropriate documentation.

Driver's License State Identification Other: _____

All individuals **MUST** include one of the following. 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 Marriage License
 Other: _____

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: _____

Mail to:
Floyd County Prison
ATTN: CHIEF COUNSELOR
329 Blacks Bluff Road
Rome, Georgia 30161



OFFICE OF THE WARDEN

329 BLACKS BLUFF ROAD • ROME, GEORGIA 30161
PHONE: 706.236.2490 • www.floydcountyga.gov

Floyd County Corrections Visitation Name Based Criminal History Information Consent/Inquiry Form

I, _____ understand that by requesting to visit an inmate at this facility that a criminal history background check will be conducted as authorized by state and federal law.

Full Name: _____

Address: _____

Sex: _____ Race: _____ Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

Signature: _____

Signature of Parent/Guardian (If under 18 years of age): _____

Section Below to Be Completed by Prison Staff ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Agency Designee Signature and Title: _____ Date: _____

BOARD OF COMMISSIONERS
RHONDA WALLACE, CHAIR
SCOTTY HANCOCK, VICE CHAIR
MIKE BURNES
ALLISON WATTERS
DAVID THORNTON

ADMINISTRATION
JAMIE McCORD, COUNTY MANAGER
MICHAEL LONG, WARDEN
JOHN BLALOCK, PUBLIC SAFETY DIVISION DIRECTOR