Approved Visitor/Communication List

Resident: _____ Primary Counselor: _____

PO: _____ Phone #: _____

SW: _____ Phone #: _____

List information on Parents, Extended Family Members, Adult Siblings for phone contact.

List **others** whom may have phone contact or visitation and indicate if the individual is approved to visit (V), or have telephone contact (P) by placing a check mark in the spaces provided.

APPROVED

V	P	Name	Relationship	Phone Number	Address

List any Court ordered restrictions on communication / visitation with Parents, Adult Siblings or Adult Extended Family Members? (Attach copy of court order)

List **others** whom may not have phone contact or visitation and indicate the individual is not approved to visit (V), or have telephone contact (P) by placing a check mark in the spaces provided.

RESTRICTED

V	P	Name	Relationship	Phone Number	Address

The following persons may transport my child:

_____ _____

_____ _____

_____ _____

_____ _____

Parent Date

_____ _____

Probation Officer/Social Worker Date

Created on 10/19/05 10:09 AM