

**Tohono O'odham Nation Juvenile Detention Center**  
**Special Visitation Request Form**

Special visits are only on weekends 10:00 – 11:00 for thirty (30) minutes unless there is an extreme circumstance which must be approved by JDC Manager. ***All detainees on PHASE III ONLY are allowed ONE (1) Special Visit per month and only with immediate family members. All Visitors must have Identification before entering.***

Please **PRINT** legibly, fill in ***all*** blanks, and list ***all*** family members who will be visiting, their date of birth and how they are related to your child. It is very important to list a phone contact number so we can notify you if your request has been approved or denied, date and time or why it has been denied. Should you have any questions or concerns contact us at (520)383-2882. Requests may also be faxed to (520)383-3077.

TODAY'S DATE: \_\_\_\_\_

I, Parent/Guardian \_\_\_\_\_ am requesting a Special Visit with  
my son/daughter \_\_\_\_\_ on this date \_\_\_\_\_  
Listed below are other family members who would like to visit:

NAME	DATE of BIRTH	RELATIONSHIP

I/We can be contacted at PHONE NUMBER: \_\_\_\_\_  
At this time \_\_\_\_\_.

Thank You for Your time and consideration.

Parent/Guardian Signature \_\_\_\_\_

APPROVED FOR: \_\_\_\_\_ BY: \_\_\_\_\_

DENIED DUE TO: \_\_\_\_\_