

# CUMBERLAND COUNTY SHERIFF'S OFFICE

## FORMER INMATE/ FELONY CONVICTION FORM REQUESTING TO VISIT

(Anyone who has been incarcerated within the last year is NOT eligible to visit, **please print legibly**)

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Not a P.O. Box) STREET CITY STATE

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVER LIC: \_\_\_\_\_  
& STATE

Phone including Area Code: \_\_\_\_/\_\_\_\_/\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY? Yes  No   
HAVE YOU EVER BEEN INCARCERATED? Yes  No

WHERE AND WHEN WERE YOU INCARCERATED? (If never incarcerated, dates of felony conviction(s))

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, understand that the Cumberland County Sheriff's Office will conduct a criminal records check, and I hereby release, discharge, and exonerate the Cumberland County Sheriff's Office, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or in behalf of the Cumberland County Sheriff's Office.

\_\_\_\_\_  
SIGNATURE DATE:  
*Failure to answer any of the above questions truthfully will result in denial of this request.*

REQUEST TO VISIT: \_\_\_\_\_  
INMATE'S NAME RELATIONSHIP

*Please mail completed form to:*

Cumberland County Jail  
Att: Jail Administrator's Office  
50 County Way  
Portland, ME 04102

*\*\*Allow two weeks for forms to be processed, you may contact security at 207-774-5939*

### SECURITY

### JAIL ADMINISTRATOR

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

RECOMMENDATION: APPROVED / DENIED

APPROVAL STATUS: APPROVED / DENIED

Reason for DENIAL: \_\_\_\_\_