



PROFESSIONAL VISITATION REQUEST FORM

E-mail this completed form as an attachment to SCR-Professional.Visit@snoco.org
completed hard copy to the Professional Visitation Deputy in person. All visit
request must be received at least 4 hours prior to the requested visit time.

PROFESSIONAL REQUESTING VISIT: _____

AGENCY OR OFFICE NAME: _____

CONTACT PHONE # OR E-MAIL: _____

VISIT DATE: _____

VISIT START TIME: _____

VISIT LENGTH (ESTIMATE OF TOTAL TIME): _____

(one visit time slot request per form)

*REQUIRED TO BE COMPLETED BY VISIT REQUESTOR			SCSO STAFF USE ONLY		
VISIT RANK	*INMATE NAME (NAME CAN BE LEFT OFF FOR HIPAA RELATED REQUESTS)	*JACKET	HOUSING	APPROVED Y/N?	PERS #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

You can find information about inmates currently in custody, to include their Jacket (7 digit jail identification number) on our "Jail Register" which can be found at <http://www.snohomishcountywa.gov>

**Incomplete or inaccurate information on this form may result in a visit denial
We will attempt to notify you of any visits we deny, but cannot guarantee notification