San Francisco Sheriff's Department

Unaccompanied Minor Visiting Application Form

Applicant Personal Information

All Fields Are Required

Applicant's Name	Date of Birth	Age	Gender
Applicant's Cell Phone Number	Personal Email	Identificatio	n/ Driver's License Number
Applicant's Vehicle Plate Number	Type of Vehicle		Year/ Make/ Model
Applicant's School	Current Grade	Na	me of Guidance counselor
Name of Current Employer	Work Address (City,	/State/Zip)	Work Phone Number
Have you participated in the Parent-C	Child Visitation Program	n at the San Franc	cisco County Jail?
Have you participated in any parent-or If so, please list the name of the most			l facility?
In case of an emergency, besides a pa	rent/guardian who car	n we contact?	
(List Name and Phone Number)			
List documentation to be presented a transcript)	s proof/confirmation c	of applicants' age	(i.e., CA ID, school
List documentation to be presented a custody at the San Francisco County J			th person to be visited in

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Note: The documents listed above must be presented at time of interview with One-Family Counselor. These documents will be used to confirm that the applicant and person being visited are family. All documentation submitted will be reviewed and weighed in the application process. Additional documentation may be required on a case by case basis.

Applicant's Parent/Guardian Information				
Name of Applicant's Parent/G	uardian Address (City/Sta	te/Zip) Home Phone Number		
Cellular Phone Number	Personal Email	Other Contact Info.		
Current Employer Name	Work Address	City/State/ Zip		
Work Phone Number	Work Schedule (Days/Hours)		
If the applicant is under the care of a legal guardian, list and submit proof of legal guardianship (i.e. court order, notarized documentation of temporary guardianship).				
List any protective order and/or court imposed conditions that may impact the applicant's ability to visit their parent/family in the county jail.				
Family Member in Custody				
Name	Date of Birth	Age		
Jail Number	San Francisco Number (SF#)	Housing Location		
Relationship to applicant: Biol	ogical Parent Adopted Parent	Legal Guardian Sibling		

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Release of Liability

The undersigned desire to participate in the San Francisco Sheriff's Department unaccompanied minor visitation program and hereby agree adhere to the following waiver:

The undersigned waive and relinquish any and all claims naming the San Francisco Sheriff's Department and/or the City and County of San Francisco, and/or Community Works and/or agent of, for any injury, illness, and any description, which injury or illness may be caused in any manner and to any degree to the applicant upon his/her entry into the San Francisco County Jail, including but not limited to any injury or illness caused by the acts of omissions of any employee of the City and County of San Francisco.

Further, the undersigned declare under penalty of perjury that the aforementioned is accurate and true and that if any contraband or violation of the law, all child/parent privileges will be revoked and criminal charges will be filed against all parties involved.

In addition, the unaccompanied minor visitation program is for minors from the age of 16 years old and older to be able to visit their incarcerated family while unaccompanied by an adult. Staff will determine and notify the applicant of their eligibility. In order to participate, the applicant agrees to follow all San Francisco Sheriff's Department Rules and Regulations. Parents must also understand that major rule violations or failure to comply with visiting guidelines may lead to the removal of the parent/applicant from the program.

Print Name	Parent/ Guardian Signature (To be signed in the presence of Sheriff's Staff
Applicant's Parent/	Guardian (In Custody):
Print Name	Parent/Guardian Signature (To be signed in the presence of Sheriff's Staff)
Applicant's Parent/	Guardian (Out of Custody):
Print Name	Applicant's Signature (To be signed in the presence of Sheriff's Staff)
Applicant:	
Executed on:	(Date) in San Francisco, California

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