



OFFENDER/EX-OFFENDER APPLICATION
Donald W. Wyatt Detention Facility

WN 50703
REV 3/1/2024

Donald W. Wyatt Detention Facility
Office of the Warden
950 High Street
Central Falls, RI 02863

Date: _____

Dear Warden,

I would like permission to visit with detainee _____ housed at the
(Print Detainee's Full Name)

Donald W. Wyatt Detention Facility. I have previously been either charged with or convicted of a crime.

Below is my personal information that you have requested: (PRINT ALL INFORMATION CLEARLY)

Print First Name: _____ Middle Initial: _____ Print Last Name: _____

Print Maiden Name: _____ Print Alias: _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Phone Number _____

LIST ALL CHARGES AND/OR CONVICTIONS (If additional space is necessary, attach on separate paper.)

Table with 4 columns: Charge/Conviction, Court & Arresting Agency, Date, Final Disposition

Are you currently on probation or parole? [] Yes [] No

What, if any, is your relationship to the above detainee? _____

Are you a co-defendant with the above detainee? [] Yes [] No

I hereby consent to and authorize Central Falls Detention Facility Corporation and all other state, county, and federal law enforcement agencies to search all available law enforcement records and indices for criminal records regarding me including but not limited to NCIC, and to protect Central Falls Detention Facility Corporation and its agents from all liability for receiving and utilizing this information.

Signature: _____

After completion of the above, mail this form to the Warden at the address listed above.

Permission to visit: [] APPROVED [] DENIED

Warden's Signature _____ Date _____

RESTRICTIONS:

Empty rectangular box for restrictions