

# **KSR VISITATION APPOINTMENT REQUEST**

This form must be emailed to [KSR.Visits@ky.gov](mailto:KSR.Visits@ky.gov) no later than 7 days in advance of your requested visit.  
*Ensure you complete all sections of the form. Incomplete forms will not be accepted.*

I am requesting a visit with:

INMATE NAME: \_\_\_\_\_ DOC# \_\_\_\_\_  
*(Print Clearly)*

**DATE REQUESTED:** \_\_\_\_\_  
Month/Day  
Wednesdays Only

I request an extended visit. I live more than  
150 miles from KSR. (Only 1 extended visit per month)  
(Shortest travel distance by Google Maps)

VISITOR'S NAME: \_\_\_\_\_  
*(Print Clearly)*

VISITOR'S NAME: \_\_\_\_\_  
*(Print Clearly)*

VISITOR'S NAME: \_\_\_\_\_  
*(Print Clearly)*

VISITOR'S NAME: \_\_\_\_\_  
*(Print Clearly)*

WHEELCHAIR/ROLLATOR ACCESSIBLE TABLE NEEDED: *YES / NO*

- The time of your visit will be determined by the Scheduler. You will receive an email confirming the date and time of your visit no later than 48 hours before your visitation day. Please check the attached visitation calendar to ensure you are requesting the correct date per the schedule.
- Please also read the attached visitation information and requirements document. Your request for a visit indicates you acknowledge and will adhere to all requirements to visit.

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**\*\*FOR STAFF SCHEDULING ONLY\*\***

DATE FORM RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_

KOMS VISITOR'S LIST & RESTRICTIONS CHECKED: YES-CLEAR / NO-SEE DENIAL / NON-CONTACT ONLY

ACCESSIBLE TABLE NEEDED: YES / NO

EXTENDED VISIT VERIFIED: NA / YES / NO \_\_\_\_\_

APPROVED  **-ON-** DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ to \_\_\_\_\_  
VISIT

DENIED  REASON FOR DENIAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_