



ALAMEDA COUNTY PROBATION DEPARTMENT JUVENILE HALL VISITOR REQUEST FORM



Employee Requesting Authorization

Department: *		Today's date: *	
Employee Name: *			
Phone number:		Email: *	

Visitor's Personal Information

Visitor's Name: *			
Date of Birth: *		Social Security #: *	
Driver's License #: *		State Issued By: *	
Email Address: *		Phone No.: *	

Visiting Information

Date(s) of Visit: *			
Nature of Visit: *			

NOTE: All visitor's request must be submitted 72 hours in advance; exceptions are made on a case-by-case basis.

* Information required

<input type="checkbox"/> CACI Search Completed	<input type="text" value="Date completed"/>
<input type="checkbox"/> Approved <input type="checkbox"/> Declined	

Assistant Superintendent	Date:
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Instructions: email completed form to Assistant Superintendent Julie Marques, jmarques@acgov.org, Office: (510) 667-4999, also CC Patricia Henry-Large, phenryla@acgov.org,