

VIRGINIA DEPARTMENT OF CORRECTIONS

		Video Vis	siting List			
Inmate Name:		DOC Number:				
must be complete	clude each person in to allow for process inmate are required.	sing the video visi	t request. The visite	ted on or's fu	separate lin ll name, co	mplete address, and
Visitor Name Adda			Relationship	Birth Date		Phone Number
Main Contact Name			-			2 10010 1 (01100 0
Visitor Cente	r	Location				
AFOI Richmond (Saturdays & Sundays)		Assisting Families of Inmates 1 North Fifth Street, Suite 416, Richmond, VA 23219 Tel: 804-643-2401				
AFOI Alexandria (Saturdays)		Old Presbyterian Meeting House Alexandria				
AFOI Bristol (Saturdays)		Covenant Fellowship Church of God			Mail to: Assisting Families of Inmates 1 North Fifth Street Suite 416 Richmond, VA 23219	
AFOI Charlottesville (Saturdays)		Sojourners United Church of Christ				
AFOI Fredericksburg (Saturdays & Sundays)		Fredericksburg SDA Church				
AFOI Mechanicsville (Saturdays)		Meadowbridge Seventh Day Adventist Church				
AFOI Norfolk (Saturdays)		First Presbyterian Church Norfolk				
☐ AFOI Roanoke (Saturdays & Sundays)		Second Presbyterian Church Roanoke				
Fees: \$4 for 20) minute Visit; \$1() for 50 minute	visit			
BELOW FOR AFO	<u> </u>	<u></u>	_			
	onfirmed by Central V		es No; Confirmed	l by:		
Email Fax Mail Other:					Date Receiv	ved:
AFOI Visitor Cent	er Approval					
AFOI Approver Name Signature						Date

