Video Visiting List

Inmate Name: _____ DOC Number: _____

Institution: _____ Contact Phone/ext. _____

Each visitor to include each individual in a couple and each child must be listed separately on an individual line. All information must be complete to allow for processing the video visit request. The visitor's full name, complete address, and relationship to the inmate are required. Only four individuals, including children, will be permitted to visit at one time.

Visitor Name	Address	Relationship	Birth Date	Phone Number
Main Contact Name				

Visitor Center	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	Mail to: Assisting Families of Inmates 1 North Fifth Street Suite 416 Richmond, VA 23219
☐ AFOI Fredericksburg (Saturdays & Sundays)	Fredericksburg SDA Church	
☐ AFOI Norfolk (Saturdays)	First Presbyterian Church Norfolk	
☐ AFOI Petersburg (Sundays)	Petersburg SDA Church	
☐ AFOI Roanoke (Saturdays & Sundays)	Second Presbyterian Church Roanoke	

Fees: $10 for 25 minute Visit; $22 for 55 minute Visit

BELOW FOR AFOI USE ONLY

Visitor Eligibility Confirmed by Central Visitation Unit ☐ Yes ☐ No; Confirmed by:

☐ Email ☐ Fax ☐ Mail ☐ Other: _____ Date Received: _____

AFOI Visitor Center Approval

_____ _____ _____

AFOI Approver Name | Signature | Date