WYOMING DEPARTMENT OF CORRECTIONS	WDOC Form #509	Page 1 of 2
	Special Visit Request	Last Revised: 03/15/2026
POLICY REFERENCE:	5.400, *Inmate Visiting*	

Date: _____

Requested By:

Inmate Last Name: _____ **First Name:** _____ **WDOC #:** _____

Date of Requested Special Visit: _____ **Time:** _____

Inmate is requesting a special visit from the following individual(s):

Name	Date of Birth	City/State	Relationship	Under age 18 Y/N	Approved List Y/N

Reason for Request:

☐	TRAVEL DISTANCE: Requested visitor is an immediate family member who resides further than 200 miles from the correctional facility.
☐	EMERGENCY SITUATION: Inmate has been notified of an emergency situation.
☐	MEDICAL OR PHYSICAL LIMITATIONS: Requested visitor has medical/fiscal limitations which prevent them from traveling for visitation more than once every other month.
☐	VISITOR NOT APPROVED: Requested visitor is not on inmate's approved visiting list.
☐	NON-SOCIAL VISIT: Inmate is requesting a non-social visit by a person not on their approved visiting list (such as attorneys, representatives of criminal justice agencies, state or local agencies, other public or government agencies, prospective employers, or visitors for therapeutic/programming purposes).
☐	HOUSING AND/OR STATUS: Inmate is in special management housing.
☐	COMPLETION OF PROGRAMMING: Requested visitor is attending graduation ceremony or other recognition event for significant long-term programming efforts.
☐	Other (Explain):

Comments: _____

Status: ☐ **AS** ☐ **TRH** ☐ **ERH** ☐ **DRH** ☐ **Reintegration** ☐ **Intake** ☐ **GP**

Status Begin Date: _____ **Date of Previous Visitation:** _____

Non-Contact ☐ **2 hours** ☐ **4 hours** ☐ **(Restricted for status inmates and inmates found guilty of illicit activities)**

Conflict sheet attached/noted: ☐

Special Visit Is: ☐ **Approved for all visitors** ☐ **Denied for all visitors**

☐ **Approved for the following visitors only:** _____

Signature of Unit Manager: _____ **Date:** _____

Signature of Warden/Designee: _____ **Date:** _____

Comments: _____