

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

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: _____

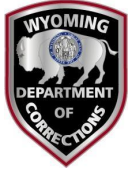
Non-Contact ☐ 2 hours ☐ 4 hours ☐ (Restricted for status inmates and inmates found guilty of illicit activities)

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: _____



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Signature of Warden/Designee: _____ Date: _____

Comments: _____