

St. Johns County Sheriff's Office  
**Video Visitation Center**  
2463 US1 South  
St. Augustine, FL 32086  
Phone (904) 794-1293 or (904) 794-1301  
Fax (904) 794-1160

**Visitation Information:**

Visitation from members of the immediate family or approved friends is encouraged with the understanding there are certain rules and regulations that must be followed.

- Twice weekly inmates are permitted to have visitation of (60) minutes. Visits are scheduled between the hours of 8:00am until 7:00pm, Monday thru Thursday. Video Visitation will be closed on Friday.
- The inmate has the right to decline or eliminate a visitation.
- Visitors are required to complete a visitation questionnaire containing personal information and a copy of ID card or Driver License. Once the form is completed, you must allow up to three working days to be processed.
- If you are approved for visits, you are required to schedule appointments. You may call **(904) 794-1293 or (904) 794-1301** to schedule appointments.
- All visitors must check in fifteen (15) minutes prior to scheduled appointments.
- All visitors must properly identify themselves upon arriving at the visitation center with the proper ID.
- All visits are monitored and are subject to recording.
- Visitors arriving after their scheduled session will not be allowed to visit.
- If for any reason the visitor is unable to visit as scheduled, they are required to call at least one hour in advance and cancel. Cancellations can be made by telephone. Should they fail to cancel an appointment, it will considered a no show.
- First Violation - Missing two (2) appointments, by showing up late, failing to cancel a scheduled appointment or a combination of the two (2) will result in the loss of visitation privileges, for the visitor, for a period of thirty (30) days. Should violations occur beyond this period, visitation may be suspended an additional (60) days or longer.
- Visitors under the age of 18 must be accompanied by a **legal guardian with proof** in hand or posses a valid marriage license. A Birth Certificate, Court Documents, School ID or other Legal Documentation is accepted. No visitors under the age of six (6) years.
- Only four (4) visitors allowed to share a visitation during one 60 minute session.
- The parent or legal guardian of a minor child must maintain close supervision of that child before, during, and after each visit. **Children at no time will be unattended for any reason** this would also include left unattended in a car, lobby, sidewalk area or the parking lot area of the visitation center.
- You will only communicate with the person you are schedule to visit with. **NO EXCEPTIONS**
- Hanging up the handset on the visitor's visitation carrel will terminate the visit. Damage to the video visitation system will result into revocation privileges or criminal prosecution.
- If you experience a problem with the audio or video reception during the visit, notify the visitation staff immediately.
- Loud talking, excessive emotionalism, or any other type of disruptive behavior is unacceptable in the visitation center and will result into immediate termination of visits.
- Application for visitation is available in the lobby area of video visitation or the inmate may choose to mail out an application as well. Applications are also available online and may be downloaded and returned via US mail. Please allow at least three (3) business days before calling to confirm. Please see applications at [www.sjso.org](http://www.sjso.org). Located under inmate visitation information.

### **Rules and Regulations:**

1. Behavior of inmates and/or visitors shall be carefully regulated. Loud speech, boisterousness, and obscene behavior or language **will not be tolerated.**
2. Visitors may be asked to terminate the visit at any time at the discretion of Officer-in-charge. Failure on the part of the visitor to leave when asked to do so could result in termination of their visitation privilege.
3. The items listed below are not permitted in the video visitation center.
  - All tobacco products
  - Food or drinks of any kind
  - Cameras, film, or video equipment
  - Radios, Disc or Tape Players
  - Any drugs, narcotics or intoxicating beverage not allowed. If visitor is suspected of being under the influence of drugs or alcohol appropriate actions will be taken
  - Inappropriate behavior will result in termination of visit and visitor will be asked to leave the premises
  - Visitors will not be in possession of firearms, weapons, knives, or sharp objects. Due to safety and security concerns, visitors may be subject to electronic scanning
  - Cell phones will be turned off and stored in lockers
  - No items allowed at the visitation booth. Lockers will be provided for personal items during your visit.
4. Dress Appearance:
  - All clothing worn must be clean, neat and in good repair
  - Clothing will be worn as it is designed to be worn
  - Shoes must be worn at all times
  - Revealing articles of clothing and/or showing undergarments or upper torso area will not be allowed; to include, but not limited to:
    - Halter tops
    - Tank tops
    - Spaghetti straps
    - Sleeveless shirts
    - Shorts must be knee length
  - Cover-ups, such as sweaters, jackets or T-shirts will be accepted
  - No article of clothing that would promote criminal activity
  - Final approval will be at the discretion of the visitation personnel
5. No congregating permitted inside the visitation area as well as outside the door or along the sidewalk area in front of visitation.

### **Violation of Visitation Rules:**

Visitors who fail to comply with the rules and regulations will be required to leave the visitation enter. This action will terminate the visitation.

## **VIDEO VISITATION**

**ST. JOHNS COUNTY SHERIFF'S OFFICE  
VIDEO VISITATION CENTER  
2463 US1 SOUTH  
ST. AUGUSTINE, FLORIDA  
PHONE: (904) 794-1293 OR (904) 794-1301  
FAX: (904) 794-1160**

### **INSTRUCTIONS FOR COMPLETING THE VISITATION QUESTIONNAIRE**

1. TO BE FILLED OUT COMPLETELY AND NEATLY
2. ALLOW (3) BUSINESS DAYS FOR PROCESSING - EXCLUDING HOLIDAYS AND WEEK-ENDS BEFORE CALLING FOR APPOINTMENT
3. HAVE RECENT PHOTO ATTACHED (OR A PHOTOCOPY OF A PICTURE ID OR DRIVERS LICENSE MAY BE USED)
4. FOR FURTHER INFORMATION OR ADDITIONAL APPLICATIONS, YOU MAY VISIT OUR WEBSITE AT [WWW.SJSO.ORG](http://WWW.SJSO.ORG). LOOK UNDER INMATE INFORMATION.
5. APPLICATION WILL NOT BE PROCESSED IF INFORMATION IS UNCLEAR OR UNREADABLE.
6. ALL CHILDREN UNDER THE AGE OF 18 WILL NEED A BIRTH CERTIFICATE ALONG WITH A SCHOOL ID OR PICTURE AND A COPY OF PARENT OR LEGAL GUARDIAN'S PICTURE ID. PARENT OR LEGAL GUARDIAN WILL NOT LEAVE CHILDREN UNATTENDED AT ANY TIME.
7. ALL INFORMATION GIVEN WILL BE VERIFIED.

# VISITATION QUESTIONNAIRE

*Please Print or Type*

Name of **inmate** you wish to visit: \_\_\_\_\_  
(Last) (First) (Middle)

Name of **visitor**: \_\_\_\_\_  
(Last) (First) (Middle)

<b>MUST ATTACH A COPY OF PHOTO ID</b>  (EX. DRIVER'S LICENSE, ID CARD OR ANY OTHER FORM OF PHOTO ID)	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	HOME PHONE # _____
	CELL PHONE # _____
	SOCIAL SECURITY # _____
	BIRTH DATE _____
	RACE _____ SEX _____
	RELATIONSHIP TO INMATE _____
DRIVER'S LICENSE _____ STATE _____	

*PLEASE ANSWER THE FOLLOWING QUESTIONS:*

1. Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give details (Date, place, charge and final disposition.)

\_\_\_\_\_

\_\_\_\_\_

2. Are you presently on parole? Yes \_\_\_\_\_ No \_\_\_\_\_.

3. Are you presently on probation? Yes \_\_\_\_\_ No \_\_\_\_\_.

4. If you are a minor, you must fill out the following information:

Full name of parent or legal guardian: \_\_\_\_\_  
(Last) (First) (Middle)

5. Picture ID of parent or legal guardian (This to be verified each time of visitation in which the minor will be escorted to visitation by the guardian. The parent or legal guardian questionnaire form will be on the file as well)

6. I \_\_\_\_\_ give authorization for my minor child to visit the above mentioned inmate. (Parent or Guardian Signature)

*I, the undersigned, hereby give my permission to the Sheriff's Office of St. Johns County to make inquiry into the validity and verify the information I have provided in this questionnaire.*

\_\_\_\_\_  
Signature

**Photo Must Be: CLEAR AND RECOGNIZABLE**  
**Handwriting Must Be: CLEAR AND READABLE**

**FOR OFFICIAL USE ONLY:**

**Date Processed** \_\_\_\_\_

**Approved/disapproved by** \_\_\_\_\_

**Reason** \_\_\_\_\_