

ASSISTED PRISON VISITS SCHEME CONFIRMATION OF A VISIT

Complete **Part A** below and take this form to the prison the next time you visit. Hand it to a member of the visits staff, who will complete **Part B**. The form will be returned to you. Please attach the form to your next claim for assisted visits.

PART A

Name.....

Address

Name of prisoner.....

Prisoner's No.....

**FAILURE TO ATTACH THIS CONFIRMATION
FORM TO YOUR CLAIM COULD RESULT IN ANY
FURTHER PAYMENT BEING REFUSED.**

PART B

VISIT CONFIRMED STAMP

FOR OFFICIAL USE ONLY

Number of children with person
named above (in words)

This form should be handed back to the visitor

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