

**IDAHO DEPARTMENT OF CORRECTION**

**Inmate-to-Inmate Correspondence Request Form**

From: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Insert Facility Name and Address) (Insert Number)  
Fax: \_\_\_\_\_  
(Insert Number)

Date: \_\_\_\_\_

Our Inmate: \_\_\_\_\_ IDOC #: \_\_\_\_\_  
(Initiating Inmate's Name)

Is requesting permission to correspond with

Your Inmate: \_\_\_\_\_ IDOC #: \_\_\_\_\_  
(Inmate's Name)

Located at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name of Receiving Institution and Address)

Idaho Department of Correction standard operating procedure permits inmates to correspond with immediate family (see *Visiting*, SOP 604.02.01.001) and unmarried individuals who are the biological parents of the same minor child. The inmate at our facility indicates the relationship is:

- Spouse     Sibling     Parent/Child     Grandparent/Grandchild     Co-parent

Additional Information: \_\_\_\_\_

<b>Requesting Institution</b>	
Relationship: _____ Not verified	
_____ Verified by: _____	Approved _____
(Name and Title)	Denied _____
Document used: _____	

<b>Receiving Institution</b>	
Relationship: _____ Not verified	
_____ Verified by: _____	Approved _____
(Name and Title)	Denied _____
Document used: _____	