



**U.S. Immigration and Customs Enforcement
Broward Transitional Center**

3900 North Powerline Road, Pompano Beach, FL 33194

VISITATION REQUEST FOR DETAINEE

DATE OF VISIT: _____

Note: In accordance with the Federal Detention Standards, any ICE ERO Supervisor may cancel or terminate any visit that appears to represent a threat to the security or good order of the establishment.

SATURDAY	SUNDAY	HOLIDAY
8:00AM-10:30AM <input type="checkbox"/>	8:00AM-10:30AM <input type="checkbox"/>	8:00AM-10:30AM <input type="checkbox"/>
1:30PM-4:00PM <input type="checkbox"/>	1:30PM-4:00PM <input type="checkbox"/>	1:30PM-4:00PM <input type="checkbox"/>

DETAINEE LAST NAME: _____ FIRST NAME: _____

COMPLETE ALIEN NUMBER: _____ HOUSING AREA: _____

ADULT VISITOR NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MINOR VISITOR NAME: _____ DATE OF BIRTH: _____

MINOR VISITOR NAME: _____ DATE OF BIRTH: _____

MINOR VISITOR NAME: _____ DATE OF BIRTH: _____

ADULT VISITOR NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MINOR VISITOR NAME: _____ DATE OF BIRTH: _____

NOTE: FILL OUT ALL THE REQUESTED INFORMATION. DO NOT OMIT ANY SECTION; OTHERWISE YOU MAY MISS THE VISIT FOR THAT WEEK. ONLY TWO ADULTS PER DETAINEE ARE ALLOWED. ANY ADDITIONAL VISITOR MUST BE PRE-APPROVED

COMMENTS/SPECIAL REQUESTS:

(FOLD REQUEST FORM IN HALF AND DROP OFF IN THE VISITATION BOX)