



**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: \_\_\_\_\_

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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)**