



# WASHTENAW COUNTY OFFICE OF THE SHERIFF



JERRY L. CLAYTON  
SHERIFF

2201 Hogback Road ♦ Ann Arbor, Michigan 48105-9732 ♦ OFFICE (734) 971-8400 ♦ FAX (734) 973-4389 ♦ EMAIL [sheriffinfo@ewashtenaw.org](mailto:sheriffinfo@ewashtenaw.org)

MARK A. PTASZEK  
UNDERSHERIFF

## PROCEDURE TO OBTAIN CLEARANCE

All clergy, therapist, social workers, case managers, etc. must apply and receive approval to obtain professional/religious visits with an inmate at the Washtenaw County Jail. **You must be approved prior to visitation.** All requests must be submitted to [Lauren Cox](mailto:Lauren.Cox@washtenaw.org), Correctional Services Assistant either by fax 734-973-4389, mail: 2201 Hogback Rd., Ann Arbor, MI 48105 or via email @ [cox1@washtenaw.org](mailto:cox1@washtenaw.org) . Once you have received clearance, the **application must be renewed once a year in order to remain on the clearance list.** The clearance process may take 1-2 weeks.

### **To obtain clearance, you must submit the following:**

- The Washtenaw County Sheriff's Office Volunteer Information form with your department, program or clergy supervisor signature.
- A copy of your driver's license or state ID.
- The oath form (must be completed, signed and turned in with the application or visiting privileges will be denied).

### CLERGY

- A copy of your clergy license or ordination papers as proof of clergy.
- If licensed clergy, include the name of the inmate you would like to visit on the form.
- If you are an acting clergy without a license, you will not be granted access to conduct professional visits with the inmates. You may schedule a regular visit with the inmate by logging on to the WCSO website at [www.washtenawsheriff.org](http://www.washtenawsheriff.org) to set up a visit.
- Due to limited space, we ask that clergy visits are done between Monday - Friday, 5:00PM – 9:00PM or Saturday-Sunday, 8:00AM-9:00PM. However, if space is available at the non-specified time, clergy will not be turned away.

### PROFESSIONAL VISITORS

- Therapist, social workers, case managers, etc. must include a copy of your professional license or your work identification (if applicable). If not, please supply a letter from your supervisor on agency letterhead requesting your visit.
- Have your supervisor or department head sign off on the application to verify your need to enter the facility to visit your client(s).
- Professional visiting hours are seven (7) days a week, 8:00AM-9:00PM.

**\*\*\*A professional visit with an inmate who is a relative, friend or acquaintance is not permitted.** You must schedule a regular visit by logging on to the WCSO website at [www.washtenawsheriff.org](http://www.washtenawsheriff.org).

If you have further questions or would like to check your clearance status, please contact Lauren Cox at 734-971-8400 Ext. 71380, Monday-Friday, 8:30AM-4:30PM.

**WASHTENAW COUNTY SHERIFF'S OFFICE**  
**Professional Visitor/Volunteer Information Form**

Please print and fill out completely

Full Name: \_\_\_\_\_  
(First, Middle, Last and any suffixes e.g., Jr., Sr., II, or III)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

My signature below indicates that the information provided on this form to the WCSO is true and accurate. I understand that failure to provide true and accurate information can result in disqualification.

\_\_\_\_\_  
Signature Date

**\*\*Please be advised this application expires a year from the date submitted. If you would like to continue your services, be sure to renew your clearance application a month prior to the expiration date to avoid any inconvenience. Email [cox1@washtenaw.org](mailto:cox1@washtenaw.org), Fax (734) 973-4389 or mail completed application and all necessary materials listed on page one of this application to [Lauren Cox](#), Correctional Services, 2201 Hogback Rd., Ann Arbor, MI 48105.**

Please check which group you are applying for:

- |  |  |
|--|--|
| <input type="checkbox"/> Christian Volunteer                 | <input type="checkbox"/> Project Outreach/UofM   |
| <input type="checkbox"/> GED Instructor                      | <input type="checkbox"/> Project Community/UofM  |
| <input type="checkbox"/> Internship w/whom? _____            | <input type="checkbox"/> AA Facilitator          |
| <input type="checkbox"/> Domestic Violence Group Facilitator | <input type="checkbox"/> NA Facilitator          |
| <input type="checkbox"/> Safe House Volunteer                | <input type="checkbox"/> CMH to see inmate _____ |
| <input type="checkbox"/> Pastoral Visit to see inmate _____  | <input type="checkbox"/> Catholic Volunteer      |
| <input type="checkbox"/> CPS Worker to see inmate _____      | <input type="checkbox"/> Art Therapy             |
| <input type="checkbox"/> Other _____                         |  |

**\*\*Required for All** - Reason for Visit \_\_\_\_\_

**Signature of your department head, program supervisor or clergy supervisor approving your request:**

\_\_\_\_\_  
Signature Print Date

\*\*\*\*\*For WCSO Completion\*\*\*\*\*

\_\_\_\_\_ LEIN Checked and Cleared \_\_\_\_\_ CCH Checked and Cleared

\_\_\_\_\_ In-House Computer \_\_\_\_\_ JIS \_\_\_\_\_ Odyssey

\_\_\_\_\_ Approved Volunteer \_\_\_\_\_ Orientation Completed

\_\_\_\_\_ Denied: \_\_\_\_\_

Authorized By: \_\_\_\_\_  
Director, Captain, Commander, or Sgt. David Clifton



## Washtenaw County Sheriff's Office Request for Volunteer/Visiting Privileges

Name (Print): \_\_\_\_\_

Read each section carefully, initial in the spaces provided after each section to indicate acceptance and agreement.

**Oath:** My initials and signature below may be used as evidence of my solemn legal oath to obey the provisions listed within this document. I therefore petition the Sheriff for volunteer/visiting privileges to the Washtenaw County Jail. If granted this privilege I will not use my position as a volunteer to meet with or visit family, friends or acquaintances that are incarcerated in the Washtenaw County Jail. \_\_\_\_\_ (initials)

**Distribution of Articles/Contraband:** I shall not distribute anything to anyone in the jail unless approved by appropriate jail command staff. This includes bibles, rosaries, religious articles, paper, pens, food, or anything else. Written prior approval can be granted by the Director, Captain, Commander, or their designee. In addition, I will not accept telephone numbers from the inmates to make any calls for them.  
\_\_\_\_\_ (initials)

**Knowledge of Escape Attempts:** I shall immediately notify corrections command of any information received, regarding plans to escape or to harm an individual, even if the information was learned in confidence.  
\_\_\_\_\_ (initials)

**Arrest for Failure to Disclose:** I understand to keep secret any plans to escape or to harm an individual, shall result in my arrest and being charged with aiding and abetting a criminal act or conspiracy.  
\_\_\_\_\_ (initials)

**Media Statements:** I shall not make statements to the news media concerning the Washtenaw County Sheriff's Office, or any inmate herein. I shall not make any photographic, vocal or video recordings of any person at the jail, without the specific approval from the Director, Captain, Commander, or their designee.  
\_\_\_\_\_ (initials)

**Follow the Rules:** I shall obey the verbal and written directives of the Sheriff, his employees, and the guidelines of the Jail Ministry or other applicable documents. I shall not attempt to use threats, intimidations, or spread adverse rumors to use as leverage to change the Sheriff's Office or the Jail Ministry's decisions concerning my visiting status. \_\_\_\_\_ (initials)

**Chain of Command:** I shall use the following steps to resolve problems. Step 1-through the Chaplain's office; Step 2-through the Correctional Services Director; Step 3- through the Jail Lieutenant for final resolution.  
\_\_\_\_\_ (initials)

***\*\*\*Penalty: I consent that violation of this contract, at minimum, shall result in automatic revocation of my volunteer/visiting privileges, and shall serve as evidence of my knowledge and intent for the prosecution of any state laws. \_\_\_\_\_ (initials) \*\*\****

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date