

**ASSESSMENT FOR  iWebVisit.com REVENUE-SHARING CLOUD-BASED VIDEO VISITATION SYSTEM**

For qualifying facilities, we install a system at no cost (our cost is recovered from **remote** visitation revenues). Purchase or lease also available.

IF YOU HAVE MORE THAN ONE FACILITY, PLEASE PREPARE A SEPARATE FORM FOR EACH

Facility Name					Today's Date									
Facility Address (City/ST/Zip)														
Filled Out By				Position/Title										
Phone Number			Email Address											
1. Number of beds		Avg daily population		Number of housing areas (pods/blocks/dorms)										
List each housing area with its # of beds														
Housing areas continued														
Housing areas continued														
2. Do you have a video visitation system? (X one):	Y		N	# of inmate stations		# of visitor stations								
If Yes, what brand?				Approximate date Installed										
3. Which visits might you conduct? (X all that apply):	All		Public		Professional		Justice Partners		Arraignment					
If "Justice Partners," which ones?	All		Pub Defenders		Probation		Parole		Medical		Mental Health		Other	
Would you object to visitors paying a reasonable fee for <b>remote</b> visits if you provide that benefit?	Y										N			
Is there a target date &/or timeline for a system?														
4. Number of visits currently conducted monthly (all types; video and/or non-video):	Public			Professional										
5. Visiting days					Visit length (minutes)									
Number of visits allowed per inmate:		Per (specify time period with X)		Day		Week		Month						
6. If visitation stations were located within the housing areas, would you allow <b>remote</b> visits daily?	Y			N										
7. Can we conduct a survey to determine the percentage of visitors that have high-speed Internet?	Y			N										
8. Internet bandwidth capabilities at your location:	Upload Speed		Download Speed											
Internet service provider(s) in use now														
Other Internet providers in your area														
9. Inmate phone provider				Typical number of inmate phone calls per month										
Maximum length of a call (minutes)			Cost of a local call											
10. What brand is your Jail/Offender Management System (JMS/OMS)?														
11. Inmates' residence breakdown:	% Local		% In-State (non-local)		% Out-Of-State									
12. Who should we contact for a line drawing of the facility?														

EMAIL COMPLETED FORM TO [info@visittech.com](mailto:info@visittech.com) OR FAX TO 303-265-9540

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