

MINNESOTA DEPARTMENT OF CORRECTIONS
Visiting Privilege Application Form

Do not attempt to visit until notified by the offender that your application to visit has been approved.

Applications can take several weeks to process. Your patience is appreciated.

ALL AREAS OF THE APPLICATION MUST BE COMPLETED IN BLACK INK OR THE APPLICATION WILL BE REJECTED. FAXES ARE NOT ACCEPTED

ALL FORMS OF COMMUNICATION ARE SUBJECT TO MONITORING

The information requested on this form will be used by the institution to determine whether or not to approve you to enter the institution as a visitor. You are not legally required to provide this information, but failure to do so may result in not allowing you to enter the institution. A check with law enforcement will be made to find out whether or not you have a criminal record. Whether you are approved or not, this form will be kept on file. The result of the criminal history check is destroyed. The only persons or agencies who will have access to this information will be those who have legal access to private or confidential data maintained by the Minnesota Department of Corrections.

MSA 243.55 CONTRABAND ARTICLES; EXCEPTIONS; PENALTY Subdivision

1. Any person who brings, sends, or in any manner causes to be introduced into any state correctional facility or state hospital, or within or upon the grounds belonging to or land controlled by any such facility or hospital, any controlled substance as defined in section 152.01, subdivision 4, or any firearms, weapons, or explosives of any kind, without the consent of the Warden thereof, shall be guilty of a felony and, upon conviction thereof, punished by imprisonment for a term of no less than three, nor more than five years. Any person who brings, sends, or in any manner causes to be introduced into any state correctional facility or within or upon the grounds belonging to or land controlled by the facility, any intoxicating or alcoholic liquor or malt beverage of any kind without the consent of the Warden thereof, shall be guilty of a gross misdemeanor. The provisions of this section shall not apply to physicians carrying drugs or introducing any of the above-described liquors into such facilities for use in the practice of their profession; nor to sheriffs or other peace officers carrying revolvers or firearms as such officers in the discharge of duties. All persons and their belongings entering this institution or upon the grounds thereof may be subject to search for contraband articles at any time. Admittance will be denied to anyone refusing to subject their person or belongings to a search.

A Victim is prohibited to apply for visiting privileges and visiting with an offender while incarcerated.

Applications for the following facilities should be sent to the address below.

**All visiting applications for every facility are processed at MCF-Rush City
(except Red Wing Juveniles)**

MCF-Rush City
Attn: Visiting Unit
7600 525th Street
Rush City, MN 55069

Visiting Applications for Red Wing Juveniles are sent to Red Wing

MCF-Red Wing
Attn: Visiting Unit
1079 Highway 292
Red Wing, MN 55066

For Office Use Only
Facility: _____
Victim: _____

MINNESOTA DEPARTMENT OF CORRECTIONS

Visiting Privilege Application Form

Please Print

Offender: _____ Last First Middle _____
Visitor: _____ Last First Full Middle Maiden Name/Aliases _____
DOB: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Relationship to Offender (e.g., Mother, Friend): _____

Anyone under 18 years of age must be escorted by a parent, legal guardian or an authorized escort

A copy of each minor's state/county birth certificate must be sent with the visiting application. Birth certificates will not be accepted at the time of visit. The hospital's Heirloom Birth Certificate, or Crib Card, is not an official document and will not be accepted. If an adult other than the parent or legal guardian escorts a minor, a notarized **Minor Escort Form** signed by the child's custodial parent/guardian must accompany the birth certificate.

Full name and date of birth of all minors under age 18 that I will escort:

Minor's Full Name:	DOB:	Minor's Full Name:	DOB:

*****If you answer yes to any question below, please explain in COMMENTS**

- 1. Have you ever been a resource/volunteer/employee at any MN correctional facility? No Yes *** **When/Where**
 - 2. Do you have ANY pending charges against you? No Yes *** **When/Where**
 - 3. Do you have any Non-Contact Orders or OFP's with anyone incarcerated in the DOC? No Yes *** **When/Where**
 - 4. Are you on another offender's visiting list at any MN correctional facility? No Yes *** **Who**
 - 5. Have you ever been released from a state or federal correctional facility? No Yes *** **When/Where**
 - 6. Are you on probation, parole or release status? No Yes *** **When/Where**
- (If yes, you must include your agent's name and/or county, and phone number below)

Agent's Printed Name: _____ Phone# _____

*****COMMENTS:**

Type of ID - **Enter ID Number:** An expired/canceled Driver's License does not qualify as a valid ID for visiting purposes.

Driver's license or ID Card from state/territory of residence #: _____

*****Photocopy of ID or Driver's License must be attached or application will be denied.**

Valid military ID #: _____ Matricula Consular ID #: _____

Minnesota Tribal ID-Tribe: _____ Passport #: _____

Signature: _____ Date: _____

THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS FORM IS GROUNDS FOR DENYING VISITING PRIVILEGES.
If application is not legible, it will be denied.

FOR OFFICE USE ONLY

Received _____ Criminal History Check Completed on _____
Approved _____ Denied _____ Staff Initials _____