

Instructions For Visitors Filling Out This Application

This is an application to visit a prisoner in a Michigan correctional facility. All questions in section A and B must be answered. If a question does not apply, write Not Applicable on the line. ALL questions in Section C must be checked YES or NO. If you check YES, you must supply the requested information. All entries on this form must be clearly printed and legible. This form must be legibly signed and dated as indicated in Section D. Forms that are not legible will not be processed. Section E must be completed if applicant is a minor. Do not complete Section F. Mail the completed application to the mail room or deliver to the information desk of the facility you are requesting to visit. Do not mail the application to the prisoner. Including a self-addressed-stamped envelope when this application is returned will ensure that you receive notification of your approval or denial to visit. Without a self-addressed-stamped envelope, you will be notified only if your application is denied.

YOUR DRIVER LICENSE # _____ / _____ (State) (Number) OR State ID # _____ / _____ (State) (Number)

Your Full Name (Please print)

(Last) (First) (Middle)

Your Address

(Street) (Apt. #)

(City) (State) (Zip)

Prisoner Name

A

(Last) (First) (Middle)

Prisoner Number

Your Date and Place of Birth ____ / ____ / ____ (Mo./Day/Yr.) (City) (State)

List ALL other names you have used (including aliases, maiden name, and names by previous marriages)

CHECK ONE

(Last) (First) (Middle) MALE

B

(Last) (First) (Middle) FEMALE

(Last) (First) (Middle)

Your relationship to the prisoner

(Are you the parent, grandparent, stepparent, spouse, child, sibling, father/mother-in-law, stepchild, grandchild, stepbrother/sister, etc.)

Are you a MDOC employee or provide contractual services to the MDOC? YES NO Work location _____

Are you a prisoner or a former prisoner who was incarcerated in a state or federal prison in any jurisdiction? YES NO

If so, what city & state _____ Date _____

Ever been restricted from visiting a prisoner? YES NO Prisoner name & number _____

Date & reason for restriction _____

C

Are you currently on Parole / Probation for a felony? YES NO What city & state _____

Have you ever been convicted of a FELONY? YES NO When (mo. /yr.) _____ City & state _____

Conviction _____ (List all convictions • use additional paper if necessary)

I SUBMIT THAT ALL OF THE INFORMATION IS TRUE

SIGNATURE OF VISITOR APPLICANT

DATE

D

TO BE COMPLETED IF VISITOR IS A MINOR (unless emancipated)

I submit that above named minor is a child, stepchild, grandchild, sibling, half-sibling, or step-sibling of this prisoner. I also understand that all children must be accompanied by an adult immediate family member or a legal guardian of the child.

E

I SUBMIT THAT ALL OF THE INFORMATION IS TRUE

SIGNATURE OF THIS CHILD'S NON-INCARCERATED PARENT OR LEGAL GUARDIAN

NOTE: A COPY of the minor's birth certificate, certificate of adoption or court order establishing paternity must be submitted with this application. These copies of documents will not be returned but will be destroyed when the verification process is complete. An original or a certified true copy of birth certificate, certificate of adoption, a court order establishing paternity or a valid picture ID of the minor must be presented at each visit.

STAFF USE ONLY (Type or Print Legibly)

Facility MDOC Visiting Application processed at _____ Self-addressed-stamped envelope included? Yes No

Checks completed On Visitor List PSI reviewed LEIN completed Application complete Date received _____

Signature of Reviewer _____ Date _____

Application APPROVED DENIED Approved / Denied by _____ Date _____

F

Warden's Signature (if applicant is a prisoner, former prisoner or is on parole or probation) _____

Reason for denial _____

Other comments _____

If you have been denied access to a corrections facility because of criminal history information obtained from the LEIN network,

You may inquire about outstanding warrants by appearing at a police department and presenting identification.

You may obtain a copy of your Michigan criminal history record at www.michigan.gov/ichat. There is a fee for this service.

Entered in Visitor Tracking _____ (Initials) (Date)

NOTE: If form copied from the MDOC website, duplication and distribution by reviewing facility is required after the approval process is complete.

Distribution: Institution Record Office File Counselor File Information Desk Visitor