



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
VISITING APPLICATION

FACILITY _____

Offender _____, DOC # _____, HU _____ has submitted your name for consideration as a visitor. If you wish to be considered for visits with this offender, please complete this form and return it to the address listed above. The offender will be notified and will be responsible for notifying you of your visiting status. Do not visit until final approval is received. If you have any questions about completing this application, please contact the institution listed above. **ALL QUESTIONS MUST BE ANSWERED IN ORDER TO BE CONSIDERED FOR APPROVAL TO VISIT.**

NAME (LAST) (PRINT) _____ SUFFIX - (EX: JR., SR., II, III) _____ FIRST _____ M.I. _____ MAIDEN _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ WORK PHONE NUMBER _____ E-MAIL ADDRESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH (MONTH / DAY / YEAR) _____ GENDER MALE FEMALE SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____

RELATIONSHIP TO OFFENDER - PICK ONE
 SPOUSE FATHER MOTHER SON DAUGHTER BROTHER SISTER
 GRANDFATHER GRANDMOTHER GRANDSON GRANDDAUGHTER
 STEP FOSTER IN-LAW (Please indicate if your relationship above is STEP, FOSTER or IN-LAW)
 UNCLE AUNT COUSIN NEPHEW NIECE
 CLERGY / SPIRITUAL ADVISOR ATTORNEY LAW ENFORCEMENT PARALEGAL SOCIAL WORKER MEDIA
 FRIEND VOLUNTEER OTHER _____

ARE YOU THE CUSTODIAN / LEGAL GUARDIAN OF THIS OFFENDER'S CHILD / CHILDREN? YES NO

HAVE YOU EVER BEEN A VICTIM TO THIS OFFENDER? YES NO HAVE YOU EVER BEEN A CO-DEFENDANT OF THIS OFFENDER? YES NO

HAVE YOU EVER BEEN FOUND GUILTY, OR PLED GUILTY, TO A CRIME? YES NO (If yes, please explain below)
 Most recent date: _____ Arrest Date: _____ Offense: _____
 County AND State: _____ Sentence: _____

DO YOU HAVE ANY CHARGES PENDING? YES NO (If yes, please explain below)
 County AND State _____ Arrest Date: _____ Offense: _____

ARE YOU CURRENTLY UNDER SUPERVISION? YES NO TYPES: PAROLE PROBATION SIS SES COURT

HAVE YOU PREVIOUSLY BEEN UNDER SUPERVISION: YES NO TYPES: PAROLE PROBATION SIS SES COURT

HAVE YOU EVER BEEN EMPLOYED WITH THE DEPARTMENT OF CORRECTIONS? YES NO (If yes, please explain below)
 Where: _____ Job Title: _____ Employment Begin Date: _____ End Date: _____

HAVE YOU EVER WORKED AS A VOLUNTEER IN CORRECTIONS? YES NO (If yes, please explain below)
 Where: _____ Job Title: _____ Employment Begin Date: _____ End Date: _____

HAVE YOU EVER WORKED AS A STUDENT INTERN IN CORRECTIONS? YES NO (If yes, please explain below)
 Where: _____ Job Title: _____ Employment Begin Date: _____ End Date: _____

HAVE YOU WORKED AS A CONTRACT EMPLOYEE FOR CORRECTIONS? YES NO (If yes, please explain below)
 Where: _____ Job Title: _____ Employment Begin Date: _____ End Date: _____

ARE YOU NOW ON AN OFFENDER'S VISITING LIST? YES NO If so, please explain:
 Offender's Name and DOC Number: _____ Your Relationship to Offender: _____

HAVE YOU EVER BEEN ON ANOTHER OFFENDER'S VISITING LIST? YES NO If so, please explain:
 Offender's Name and DOC Number: _____ Your Relationship to Offender: _____

BY MY SIGNATURE, I AGREE TO COMPLY WITH ALL VISITING REGULATIONS, INCLUDING SEARCH. I also declare that the above information is true. I understand that any misrepresentation or failure to answer these questions may automatically result in the removal of my name from the offender's visiting list or delay approval to visit.

SIGNATURE _____ DATE _____

NOTE --> Parent or guardian must sign below if the proposed visitor is under 18 years of age. Any visitor under 18 years of age must be accompanied by an adult who is on the approved visiting list.

PARENT / GUARDIAN NAME (PRINT) _____ PARENT / GUARDIAN SIGNATURE _____

FOR OFFICE USE ONLY

<input type="checkbox"/> APPROVED	NAME AND TITLE	DATE
<input type="checkbox"/> DISAPPROVED		

COMMENTS

FOR OFFICE USE ONLY

REQUESTOR

BACKGROUND CHECK RESULTS

MULES

NCIC

CHOICES:

- | | | | |
|------------------------------------|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> ACTIVE | Active Warrant Exists | <input type="checkbox"/> PAROLE | Parole |
| <input type="checkbox"/> CLEAR | No Criminal History located - no wants / warrants | <input type="checkbox"/> PEND CCHGS | Pending Charges |
| <input type="checkbox"/> DRUG CONV | Drug Conviction | <input type="checkbox"/> PROBATION | Probation |
| <input type="checkbox"/> FELONY | Felony Conviction | <input type="checkbox"/> PROTECTION | Order of Protection |
| <input type="checkbox"/> INV CHILD | Offense Involving Child | <input type="checkbox"/> SEX OFF | Sex Offender |
| <input type="checkbox"/> MISD | Misdemeanor Conviction Only | <input type="checkbox"/> SIS | Suspended Imposition of Sentence |
| <input type="checkbox"/> MULTIPLE | Multiple Convictions | | |

IF INFORMATION DIFFERS FROM THE FRONT OF THIS APPLICATION, PLEASE COMPLETE THE FOLLOWING (PLEASE SELECT ONE CHOICE FOR EACH).

CONVICTED OF A CRIME? YES NOCHARGES PENDING? YES NO

PAROLE / PROBATION

 PAROLE SES PROBATION SIS PROBATION COURT PROBATION BOTH PROBATION AND PAROLE NONE
MULTIPLE CONVICTIONS YES NO

MOST RECENT CONVICTION DATE:

ARREST DATE

COUNTY

SENTENCE

TIME IN CORRECTIONAL INSTITUTION

WHERE

TYPE OF RELEASE

- | | | |
|-------------------------------------|---|------------------------------|
| <input type="checkbox"/> PAROLE | - | RELEASED ON PAROLE STATUS |
| <input type="checkbox"/> PROBATION | - | RELEASED ON SHOCK PROBATION |
| <input type="checkbox"/> DISCHARGED | - | DISCHARGED - SERVED SENTENCE |

IF DOC EMPLOYEE / VOLUNTEER / INTERN / CONTRACT EMPLOYEE = YES

WHAT IS THE VISIT ELIGIBILITY DATE?

PROCESSED BY (OPERATOR)