




Massachusetts Department of Correction
Visitor Application
Attachment I
in accordance with 103 CMR 483
Department of Correction Visiting Policy



Institution: _____ Address: _____

Inmate's Name: _____ Inmate's Number: _____

Read Carefully: All questions must be answered under penalties of perjury pursuant to M.G.L 127 § 36. Any omissions or falsifications shall be considered sufficient disapproval for visitation. Please complete all fields and provide a current photographic identification with the application or it will not be processed. Return this form to the superintendent of the above noted institution.

For this application to be processed, you must currently be on the inmate visitor list submitted by the offender.

Name: _____

Last
First
Middle

Mother's maiden name: _____

Last
First
Middle

Father's name: _____

Last
First
Middle

Previous name/Alias: _____

Last
First
Middle

Address: _____

Street
City
State
Zip Code

Telephone Number: _____ Sex: Male Female

Date of Birth: _____ Place of birth: _____

City
State

ID/Driver's License Information: _____

(State)
(Number)

Relationship to Inmate: _____
(i.e. Wife, Son, Daughter, etc.)

Are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes No

If yes, what is his/her name: _____ Number: _____ Relationship: _____

Have you ever been convicted of a felony? Yes No *If yes, please fill out the information below:*

OFFENSES (S)

Date of Conviction	Court	Charge (s)	Disposition*

*Disposition should include length of sentence imposed, probation, filed, dismissed, etc.

Date of release from most recent:

Incarceration: _____ (Specify institution) _____

Parole: _____ Probation: _____

NOTE:

If you are currently on parole or probation, you must enclose a letter from your supervisor verifying that visiting a correctional facility is not a violation of your parole/probation.

Is this application part of an Offender Reentry Program? Yes No If yes, which program? _____

Are you now or have you ever been an employee, contractor, intern or volunteer of the Massachusetts Department of Correction or any County Correctional Facility?

Yes No If yes, when and where: _____

Are you the victim or have you ever been the victim, family member of a victim or registered with the Criminal History Systems Board to receive notifications concerning the offender you are requesting to visit or any inmate currently in custody?

Yes No If yes, who and when: _____

Do you currently have an active restraining order filed against this inmate? Yes No

Does the inmate currently have an active restraining order filed against you? Yes No

NOTE: If you are required to keep life saving medication (nitroglycerine, inhalers, and glucose tabs) on your person or currently have a medical condition that requires you to enter with a medical device or that prevents a metal detector search, please submit your medical documentation with this Visitation Application.

Your Signature: _____

Date: _____

Email: _____ I agree to be notified via email: Yes No

Approved:

Denied:

Superintendent/Designee: _____

Date: _____

Signature

Facility Mailing Address List

Boston Pre-Release Center

430 Canterbury Street
Roslindale, MA 02131
(617) 822-5000

Bridgewater State Hospital

20 Administration Road
Bridgewater, MA 02324
(508) 279-4500

Lemuel Shattuck Hospital Unit

180 Morton St.
Jamaica Plain, MA 02130
617-522-7585

MASAC @ Plymouth

Myles Standish State Forest
1 Bumps Pond Road
Plymouth, MA 02360
(508) 295-0368 or
(508) 291-2441

Massachusetts Treatment Center

30 Administration Road
Bridgewater, MA 02324
(508) 279-8100

MCI-Cedar Junction

Route 1A P.O. Box 100
South Walpole, MA 02071
(508) 660-8000 or
(508) 668-2100

MCI-Concord

965 Elm Street P.O. Box 9106
Concord, MA 01742
(978) 405-6100

MCI-Framingham

99 Loring Drive P.O. Box 9007
Framingham, MA 01701
(508) 532-5100

MCI-Norfolk

2 Clark Street P.O. Box 43
Norfolk, MA 02056
(508) 660-5900

MCI-Shirley

Harvard Road P.O. Box 1218
Shirley, MA 01464
(978) 425-4341

North Central Correctional Institution

500 Colony Road P.O. Box 466
Gardner, MA 01440
(978) 630-6000

Northeastern Correctional Center

Barretts Mill Road P.O. Box 1069
West Concord, MA 01742
(978) 371-7941

Old Colony Correctional Center

1 Administration Road
Bridgewater, MA 02324
(508) 279-6000

Pondville Correctional Center

1 Industries Drive
P.O. Box 146
Norfolk, MA 02056
(508) 660-3924
(508) 668-0808 or
(508) 668-8516

South Middlesex Correctional Center

135 Western Avenue P.O. Box 788
Framingham, MA 01701
(508) 879-1241 or
(508) 875-2883/2884/2885

Souza-Baranowski Correctional Center

Harvard Road P.O. Box 8000
Shirley, MA 01464
(978) 514-6500