## 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.

## 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.

Lino Lake Moose Lake Willow River (CIP) Rush City St. Cloud Togo

MCF Rush City Attn: Visiting Unit 7600 525th Street Rush City, MN 55069 Stillwater Oak Park Heights

MCF Stillwater 970 Pickett Street N. Bayport, MN 55003

Shakopee

MCF Shakopee 1010 W, 6th Ave, Shakopee, MN 55379 Red Wing

MCF-Red Wing 1079 Highway 292 Red Wing, MN 55066

Faribault

MCF-Faribault 1101 Linden Lane Faribault, MN 55021-6400

# MINNESOTA DEPARTMENT OF CORRECTIONS Visiting Privilege Application Form

#### **Please Print** OID# Offender: Middle First Last Visitor: **First** Full Middle Maiden Name Last Gender: DOB: Address: Zip Code: City: Relationship to Offender (e.g., Mother, Friend): Phone Number: | Anyone under 18 years of age must be escorted by a parent, legal guardian or an authorized escort Prior to the first visit, a copy of each minor's state/county birth certificate must be presented. 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: DOB: Minor's Full Name: DOB: Minor's Full Name: \*\*\*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 No ☐ Yes ☐\*\*\* When/Where 2. Have you EVER been convicted of a felony? No 🗌 Yes 🗀 \*\*\* When/Where 3. Have you ever had a felony conviction reverted to a misdemeanor or expunged? No ☐ Yes ☐\*\*\* When/Where 4. Do you have ANY pending charges against you? 5. Do you have any Non-Contact Orders or OFP's with anyone incarcerated in the DOC? No Tyes \*\*\* Who No ☐ Yes ☐\*\*\* Who/Where 6. Are you on another offender's visiting list at any MN correctional facility: No Yes 7. Are you on supervised or **UNSUPERVISED** probation, parole or release? (If yes, you must include your agent's name and phone number) Phone# Agent's Printed Name: L \*\*\*COMMENTS: Type of ID - Enter ID Number: An expired/canceled Driver's License does not qualify as a valid ID for visiting purposes. Include Driver's license or ID Card from state/territory of residence #: photocopy of ID card Matricula Consular ID #: Active duty military ID #: Passport #: Minnesota Tribal ID-Tribe: Date: Signature: THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS FORM IS GROUNDS FOR DENYING VISITING PRIVILEGES. FOR OFFICE USE ONLY Received\_\_\_\_\_ Criminal History Check Completed on\_\_\_\_\_ Approved\_\_\_\_\_ Denied\_\_\_\_\_