



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) (SUFFIX-Ex. Jr, Sr, II, III) (FIRST) (MI) (MAIDEN) | HOME TELEPHONE NUMBER () () | WORK TELEPHONE NUMBER () () |
| ADDRESS | CITY | STATE ZIP CODE |
| DATE OF BIRTH (MONTH/DAY/YEAR) | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | DRIVER'S LICENSE NUMBER |
| | | STATE SOCIAL SECURITY NUMBER |

RELATIONSHIP TO OFFENDER

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) OFFENDER'S LEGAL GUARDIAN

UNCLE AUNT COUSIN NEPHEW NIECE

CLERGY/SPIRITUAL ADVISOR ATTORNEY LAW ENFORCEMENT PARALEGAL SOCIAL WORKER MEDIA

CUSTODIAN/LEGAL GUARDIAN OF OFFENDER'S CHILD/CHILDREN FRIEND VOLUNTEER OTHER

HAVE YOU EVER BEEN FOUND GUILTY, OR PLED GUILTY, TO A CRIME? YES NO (If yes, please explain below)

Most Recent Conviction Date: _____ Arrest Date: _____ Offense: _____

County AND State of Conviction: _____ Sentence: _____

DO YOU HAVE ANY CHARGES PENDING? YES NO (If yes, please explain below)

County AND State: _____ Arrest Date: _____ Offense: _____

ARE YOU CURRENTLY UNDER PAROLE SUPERVISION? YES NO

ARE YOU CURRENTLY UNDER PROBATION SUPERVISION? YES NO TYPE: SIS SES

HAVE YOU PREVIOUSLY BEEN UNDER PROBATION SUPERVISION? YES NO TYPE: SIS SES

HAVE YOU SERVED TIME IN A STATE OR FEDERAL CORRECTIONAL INSTITUTION? YES NO (If yes, please explain below)

Location: _____ Start Date: _____ End Date: _____

Type of Release: _____

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 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 yes, please explain below)

Other Offender's Name: _____ Other Offender's DOC ID#: _____ Other Offender's Location: _____

Your Relationship to Other Offender: _____

HAVE YOU EVER BEEN ON ANOTHER OFFENDER'S VISITING LIST? YES NO (If yes, please explain below)

Other Offender's Name: _____ Other Offender's DOC ID#: _____ Other Offender's Location: _____

Your Relationship to Other Offender: _____

I AGREE TO COMPLY WITH ALL VISITING REGULATIONS, INCLUDING SEARCH. YES NO

By my signature, I declare that the above information is true. I understand that any misrepresentation in answering these questions may automatically result in the removal of my name from the offender's visiting list.

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.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

APPROVED DISAPPROVED

NAME AND TITLE _____ DATE _____

COMMENTS _____

FOR OFFICE USE ONLY

| | |
|-----------|------|
| REQUESTER | DATE |
|-----------|------|

MULES

NCIC

BACKGROUND CHECK RESULTS

| | | |
|-------|------|-------|
| MULES | NCIC | OTHER |
|-------|------|-------|

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 CHGS | 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 (SELECT ONE CHOICE FOR EACH)

CONVICTED OF A CRIME?
 YES NO PENDING

CHARGES PENDING?
 YES NO

PAROLE/PROBATION?
 PAROLE PROBATION NEITHER BOTH

MULTIPLE CONVICTIONS?
 YES NO

MOST RECENT CONVICTION DATE

ARREST DATE

COUNTY

OFFENSE

SENTENCE

TIME IN CORRECTIONAL INSTITUTION?
 YES NO (If yes, please explain below)

| | | |
|-------|------------|----------|
| WHERE | START DATE | END DATE |
|-------|------------|----------|

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) | DATE |
|-------------------------|------|