VISITOR'S APPLICATION

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT SERVICES
SFN 7598 (03-2008)

PLEASE PRINT

RETURN BY MAIL TO:
North Dakota State Penitentiary
ATTN: Visiting Room
PO Box 5521
Bismarck, ND 58506-5521

Applicant must answer accurately and truthfully. Any applicant not being truthful will not be allowed to reapply for 90 days from the date of the initial application.

Inmate You Want to Visit	Number	Application Date

Your Name (First)	(Middle Full)	(Last Name)	(Maiden)	Age	Birthdate (Mo/Day/Yr)

Please list your children who may be coming in with you who are under the Age of 16.

Name	Relationship to Inmate	Date of Birth

Residence Address	City	State	Zip Code	Telephone No.

Your Vehicle	Make	Model	Year	Color	Drivers License No. & State	SSN

Relationship to Inmate (Father, Mother, Friend, etc.)	Name of any other inmate you visit:

Are you banned from any other correctional institutions? ☐ No ☐ Yes - If yes, please list.

Have you been convicted of any crime? (Misdemeanor or Felony) ☐ No ☐ Yes - List each one below or on separate sheet..

Are you currently charged with any crimes or awaiting court proceedings? ☐ No ☐ Yes - List each one below or on separate sheet..

Are you on probation (supervised or unsupervised? ☐ No ☐ Yes - List charge(s) below or on a separate sheet.

OFFENSE(S)	STATE & COUNTY	APPROXIMATE DATE	SENTENCE (Jail, Prison, Probation, Etc.)

SEARCHES

Any individual entering the institution or its grounds may be subject to search at any time for contraband articles. This also applies to their personal property. Anyone refusing to submit to search will be denied admittance. If contraband is found, the institution may detain the individual for a reasonable amount of time. Searches are not intended to embarrass or degrade any individual, nor are they intended to cast doubt on the integrity of the individual. The institution has found, through experience, that it is necessary to conduct searches for contraband to adequately provide a safe and secure institution for inmates, staff and visitors. A refusal to allow a search may result in loss of visiting privileges. If an inmate is found in possession of contraband upon completion of a visit, the visitor(s) may be banned pending investigation by the institution and/or permanently banned.

IMPORTANT: PLEASE READ POLICIES ON REVERSE AND SIGN THIS FORM WHERE INDICATED. UNSIGNED

DO NOT WRITE BELOW THIS LINE.

Remarks	☐ APPROVED ☐ DENIED

Signature of Visiting Control Officer:	Date Signed:

THIS SECTION IS RECEIPT FOR THE INMATE AND THE INMATE IS RESPONSIBLE TO NOTIFY THE VISITOR.

To Inmate:	Visitor:

Your request that the above individual be approved for visiting is:	☐ APPROVED ☐ DENIED

Signature of Visiting Control Officer:	Date Signed:

POLICIES - VISITOR'S APPLICATION

1. No one under the Age of 18 will be permitted to visit unless they are accompanied by their parent or legal guardian. Special permission must be granted by the Chief of Security for other circumstances and written consent must be given by the child's parent or legal guardian.
2. Official State or Federal photo identification will be required for all persons entering the facility except for those under 16 years of age who are supervised by parent or guardian. Failure to produce ID will be grounds ro deny admittance.
3. Visitors are to be dressed in proper clothes before entering the visiting room. Proper clothing includes underwear, bra, shoes, shirts, blouses, slacks, jeans, skirts, dresses or shorts. Halter dresses, halter tops, sleeveless shirts and bib overalls are not allowed. Dresses, skirts and shorts can be no more than two inches above the knee. Spandex shorts and pants are not allowed to be worn unless other clothing are worn over the top of them.
4. CONTRABAND: Defined as any item or service not specifically authorized by security staff. No property or other items will be allowed past Gate #1 or entry gate unless specifically approved by security staff. Visitors may take their vehicle keys (4 keys only) and $10.00 to be spent in the visiting room. Lockers to secure all purses, wallets, caps, etc. are provided for a nominal fee. Visitors with small children will be allowed to bring 2 diapers, 2 bottles of mixed formula, small ziplock bag of wipes and one blanket. If visiting longer than 4 hours, one sealed jar of baby food will be allowed. All items will be subject to search. The staff and administration of the NDDOCR is not responsible for any lost or stolen property at any NDDOCR facility.

NORTH DAKOTA CENTURY CODE: SECTION 12-47-21. Alcoholic beverages and controlled substances prohibited - Physician's orders - Use of tobacco - Penalty

1. It is unlawful for any person to deliver or administer, whether or not for a consideration, any alcoholic beverage or controlled substance to any inmate of the penitentiary, or to any other person for redelivery to an inmate of the penitentiary. This subsection does not apply to the delivery or administration of controlled substances or alcoholic beverages in accordance with the orders or prescription of a duly licensed physician and the approval, except in emergency circumstances, of the warden.
2. No penitentiary inmate may possess any controlled substance or alcoholic beverage unless the substance or beverage was delivered to the inmate or was possessed in accordance with the prescription or orders of a licensed physician.
3. Any person, other than an official or employee of the penitentiary, who violates subsection 1 by delivering or administering a controlled substance is guilty of a class B felony. Any official or employee of the penitentiary who violates subsection 1 by delivering or administering a controlled substance is guilty of a class A felony. Any person who violates subsection 1 by delivering alcoholic beverages is guilty of a class A misdemeanor.
4. Any person who violates subsection 2 by possessing a controlled substance is guilty of a class B felony. Any person who violates subsection 2 by possessing alcoholic beverages is guilty of a class A misdemeanor.

WAIVER OF RESPONSIBILITY AGREEMENT

I fully understand the risks and dangers involved in entering a prison facility. I realize that my life could be in danger and I could be held hostage, assaulted, verbally abused, and otherwise placed in danger.

I understand and agree that the administration of the Prisons Division or any of its staff cannot guarantee my safety. I accept the fact the Director of Adult Services has granted me permission to enter the ground and facilities of the Penitentiary or Missouri River Correctional Center or James River Correctional Center only because I realize the dangers and risks involved. Liability rests with myself.

I will observe all the rules and regulations required. I will adhere strictly to all policies and regulations required to maintain the security of the institution.

READ ALL POLICIES ON THIS FORM DO NOT ATTEMPT TO VISIT UNTIL NOTIFIED BY THE INMATE	All information is true and correct. I understand that providing false information on this questionnaire is grounds for denying visiting privileges. I have read and fully understand the information on the other side of this form. Proper picture identification is required at each visit.
Date Signed	Signature

PARENT OR GUARDIAN CONSENT: I give my permission to this requested visiting privilege.

Date Signed	Signature