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 OR BLUE INK OR THE APPLICATION WILL BE REJECTED

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.

MCF-St. Cloud 2305 Minn Blvd SE St. Cloud, MN 56304-2424	MCF-Oak Park Heights 5329 Osgood Ave. N. Stillwater, MN 55082-1117	MCF-Shakopee 1010 W. 6 th Ave. Shakopee, MN 55379	MCF-Togo 62741 County Rd. 551 Togo, MN 55723
MCF-Moose Lake 1000 Lake Shore Dr. Moose Lake, MN 55767-9449	MCF-Stillwater 970 Pickett St. N. Bayport, MN 55003-1489	MCF WR - CIP 86032 Co. Hwy. 61 Willow River, MN 55795	MCF-Rush City 7600 525 th Street Rush City, MN 55069-2227
MCF-Faribault 1101 Linden Lane Faribault, MN 55021-6400	MCF-Lino Lakes 7525 4th Ave. Lino Lakes, MN 55014-1006	MCF-Red Wing 1079 Highway 292 Red Wing, MN 55066	

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Please Print	•				
Offender:	r:		A 4: al all a	OID#	
Visitor: Last		rst	Middle		
DOB:	First Gender:	Full A	1iddle	Maiden Nam	е
Address:					
City:		State:	Zip Code:		
Phone Number: ()	Relationship to	Offender (e.g., Moth	ner, Friend):	
Anyone under Prior to the first visit, a co Certificate, or Crib Card, guardian escorts a minor the birth certificate. Full name and date of bi	is not an official docum r, a notarized Minor Esco	/county birth cert nent and will not b ort Form signed by	ficate must be present e accepted. If an add the child's custodial po	ted. The hospital's H ult other than the po	eirloom Birth Irent or legal
Minor's Full Name:		DOB:	Minor's Full Name:		DOB:
 Have you EVER been 3. Have you ever had a Do you have ANY per 5. Do you have any Non 6. Are you on another of 7. Are you on supervised (If yes, you must Agent's Printed Name ****COMMENTS: 	felony conviction revertable for the felony conviction revertable for the felone for the felone for the felone for the felone felone for the felone f	ou? 's with anyone inc ny MN correctionc ation, parole or rel	arcerated in the DOC Il facility: ease?	No	* When/Where * When/Where * When/Where Who * Who/Where
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FOR OFFICE USE ONLY					
	Criminal History Chec	k Completed or	1		
	Denied				