Inmate/Resident Name: Click or tap here to enter text. DOC Number: Click or tap here to enter text.

Only the person with legal authority over the minor child may authorize the child to visit the incarcerated inmate. The document forming the basis of the legal authority must be attached to this application. For example, the child’s birth certificate on which the person is named as a parent, or a letter of guardianship issued by the court. Other documents as proof of legal authority may be attached for the Department’s consideration.

Please fill out ***BOTH*** pages.

I affirm that I have legal authority to make decisions on behalf of the minor(s) listed below. I have attached proof of my legal authority to this document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Minor Name (print)** | **Month and Year of Birth** | **Minor Name (print)** | **Month and Year of Birth** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

As legal authority, I authorize the following individuals ***who are themselves approved as visitors for this inmate/resident*** to escort the minor(s) listed on this form to visit the above-named incarcerated individual.

Anyone who will be escorting the minor(s), including the minor(s) legal authority, must be listed on this form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adult Escort Name** | **Month and Year of Birth** | **Relationship to Minor** | **Adult Escort Name** | **Month and Year of Birth** | **Relationship to Minor** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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|  |
| --- |
| **LEGAL AUTHORITY CONSENT** |

Sign in the presence of a Notary Public Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Authority Name (print)

Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

I do swear either from personal knowledge or from satisfactory evidence, that the signature on this form is that of the person before me as named in this document.

SUBSCRIBED AND SWORN BEFORE ME THIS:

Click or tap here to enter text. Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Month, year

|  |  |
| --- | --- |
| **SEAL**  Notary seal is not required when submitted by DPHHS for a minor who is in the care of the state | Notary Public Signature  Notary Public in and for the state of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |