

**Department of Corrections – Montana State Prison  
Visitation Application/Approval to Send Funds to Inmate**

**Inmate:** \_\_\_\_\_ **DOC/MSP Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check this box if you are a victim of this offender or family member of the victim.** If you are, do not fill out this form. Instead, please contact Victim Services at 800-223-6332 or (406) 846-1320, ext. 2201.

The inmate listed above has requested that your name be placed on his correspondence/visiting list. If your application is approved, you will be authorized to visit this inmate at a Montana Department of Corrections facility and authorize you to mail/place money (U.S. Postal money order or Cashier's Check only) on his inmate account. You can also place money on the account electronically by going to [www.inmatetrust.com](http://www.inmatetrust.com) and creating an e-pass account.

Please complete the entire form. Failure to answer or provide complete information on each question will result in the application being denied. One form must be completed for each adult. Minor children must be listed on the same form as their legal guardian. Criminal background checks are conducted on each applicant.

No matter which facility the male inmate resides in, all completed forms must be mailed to:

Visitation Department  
400 Conley Lake Road  
Deer Lodge, MT 59722

The review process takes approximately 45 days to 90 days from the date the form is received.

If your address changes, please notify the MSP Mail Department in writing at the above address and list the name(s) of the inmate(s) whose list you are on.

The complete Montana Department of Corrections policies covering this subject can be found at the following website: [www.cor.mt.gov](http://www.cor.mt.gov).

If you have questions regarding the visiting process, call (406) 846-1320 ext. 2313.

**NOTE:** You are not authorized to be on multiple inmates' visitation lists unless you are immediate family to both inmates. If you are already listed on another visiting list, you must:

1. Submit in writing to MSP Mailroom Technicians that you wish to be removed from the prior inmate's visitation list .
2. Wait 90 days and then submit a new visiting request form.

**ALL PEOPLE AND THEIR PROPERTY ENTERING MONTANA STATE PRISON GROUNDS ARE SUBJECT TO SEARCH. POSSESSION OF WEAPONS, ALCOHOL, TOBACCO AND DANGEROUS DRUGS IS IN VIOLATION OF THE LAW AND VIOLATORS WILL BE PROSECUTED.**

**STATE OR FEDERAL PHOTO ID IS REQUIRED FOR ALL PEOPLE OVER THE AGE OF 18.**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Address: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_

PO Box No: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Your relationship to the inmate: (Check the appropriate designation.) Mother  Father  Son   
Daughter  Wife  Grandparent  Brother  Sister  Other  \_\_\_\_\_

4. Have you visited under any other names? Yes  No

If yes, list names: \_\_\_\_\_

5. Have you ever been employed by the Montana Department of Corrections or any of its contracted facilities?

Yes  No  If yes, list facility name and position: \_\_\_\_\_

6. Are you on another inmate's visiting list? Yes  No  **NOTE:** You are not authorized to be on multiple lists unless you are immediate family to both inmates. You must be removed from one inmate's list before you can be added to another's list. Exceptions may be made on a case-by-case basis.

7. Your occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Your minor children (Proof of Guardianship must be provided with application)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Their relationship to inmate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Their relationship to inmate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Their relationship to inmate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Their relationship to inmate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Their relationship to inmate: \_\_\_\_\_

9. Are the minor children currently under court-ordered supervision? Yes  No

Probation Officer's signature: \_\_\_\_\_ Phone: \_\_\_\_\_

10. Have you ever been convicted of a felony? Yes  No

If yes, list them below (use additional sheet if needed)

<u>Offense</u>	<u>Approximate Date</u>	<u>Disposition (jail, prison, probation)</u>
_____	_____	_____
_____	_____	_____

11. Do you currently have any felony charges pending: Yes  No

12. Are you presently on parole or probation? Yes  No  Where: \_\_\_\_\_

Name of Parole or Probation Officer: \_\_\_\_\_

His/Her address: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorization/Signature of Parole or Probation Officer: \_\_\_\_\_

How long have you been released from prison: \_\_\_\_\_

13. I certify that the above information is true and does not contain misleading statements. I further understand that, by certifying the above, if incorrect, I may later be denied visiting and mailing privileges. By signing this form, I also give my consent to a criminal background check.

I acknowledge I have read and understand the visitation dress code and regulations attached. I understand that my visiting privilege could be revoked or suspended at any time for violations of the Visiting Policy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: If you are an attorney of record, you need to fill out the following section:

Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**THIS SECTION IS FOR OFFICIAL USE ONLY**

- The applicant is currently on another visiting /correspondence list of an inmate who is not an immediate family member.
- The applicant did not supply proof of marriage. May resubmit with proof of marriage.
- The applicant did not submit complete information. See # \_\_\_\_\_
- The applicant did not sign form.
- The applicant has pending disposition of charges. Request may be reviewed upon notification of disposition of charges.
- The applicant is a parolee/probationer and did not have their Probation/Parole Officer sign the form.
- The applicant provided false information regarding their criminal history.
- The applicant does not have 2 years/6 months satisfactory community adjustment.

Resubmit after: \_\_\_\_\_

The applicant is a former MSP, DOC or contracted facility employee.

Other: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Processed by:

## Montana Department of Corrections Proof of Guardianship for Visitation

To bring minor children with you to visit an inmate in a secure facility affiliated with the Montana Department of Corrections, you may be asked to show proof that you are the legal guardian of that child.

Please check below the type of proof submitted **for each child** listed on this form:

- Original Birth Certificate or a Certified Copy of the Birth Certificate
- Court Order Giving Guardianship
- Notarized Document Giving Guardianship
- Completion and Notarization of this Proof of Guardianship for Visitation Form.

Please complete, sign and send this form along with the appropriate proof of guardianship to the appropriate facility address below. You also need to complete and submit the *Request to visit or correspond with an inmate* form.

**Montana State Prison** (Male offenders only)  
 Visitation Staff  
 Montana State Prison  
 400 Conley Lake Road  
 Deer Lodge, MT 59722

**Montana Women's Prison** (Female offenders only)  
 Visitation Staff  
 Montana Women's Prison  
 701 South 27<sup>th</sup> Street  
 Billings, Mt 59101

I hereby certify that I am the legal guardian to the following children

Legal Guardian's Name

who will be visiting \_\_\_\_\_

Inmate's Name

DOC ID#

**Minor children under my legal guardianship who I authorize to visit the above-named inmate:**

Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate

**Authorized adults who may accompany the above-named minor children when visiting the above-named inmate:**

(Note: These adults must be on the above-named inmate's visitation list to be allowed to visit that inmate)

_____ Adult's Name	_____ Relationship to Guardian	_____ Relationship to Inmate
_____ Adult's Name	_____ Relationship to Guardian	_____ Relationship to Inmate
_____ Adult's Name	_____ Relationship to Guardian	_____ Relationship to Inmate
_____ Adult's Name	_____ Relationship to Guardian	_____ Relationship to Inmate
_____ Adult's Name	_____ Relationship to Guardian	_____ Relationship to Inmate
_____ Adult's Name	_____ Relationship to Guardian	_____ Relationship to Inmate

I verify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Visitor's Signature

\_\_\_\_\_  
Date

Visitor's Printed Name \_\_\_\_\_

Visitor's Address \_\_\_\_\_

Visitor's Phone No. \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the person named above as "Legal Guardian."

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Printed Name of Notary Public**

**Notary Public for the State of:** \_\_\_\_\_

**Residing at:** \_\_\_\_\_

**My commission expires:** \_\_\_\_\_

(Affix Notarial Seal / Stamp Above)

MONTANA STATE PRISON VISITOR INFORMATION UPDATE FORM

Name of inmate/DOC # that you are updating your information for:

\_\_\_\_\_

\_\_\_\_\_

Visitors Name: \_\_\_\_\_

If you are changing your name, please give a copy of your ID with new name on it.

Visitors Address: \_\_\_\_\_

Visitors Phone Number: \_\_\_\_\_

Change in marital status: Yes  No

If you are updating for marriage, please attach a copy of your marriage certificate.

If minor children are associated to this visitor and the change should be applied to them, please list the children on the following lines:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

Visitor Signature

\_\_\_\_\_

Date

If you have any questions, please contact the Montana State Prison Visiting Office at:  
(406) 846- 1320 ext. 2313.