



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

Inmate: _____ DOC ID Number : _____ Date: _____

☐ **Check this box if you are a victim of this inmate or family member of the victim.** If you are, do not fill out this form. Instead, please contact Victim Services at (406) 444-0447.

The inmate listed above has requested that you be placed on their correspondence/visitor list. If your application is approved, you will be authorized to visit this inmate at a Montana Department of Corrections facility. Approved parties (inmate's attorney, immediate family members listed on the inmates approved visiting list, and one-approved non-family member authorized by the Warden or designee) may also send funds to an inmate using a U.S. Postal Service money order or cashier's check or electronically by going to 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
Conley Lake Road
Deer Lodge, MT 59722**

All applications will be reviewed within 90 days from the date the form is received.

If your address or contact information changes, please notify the Visitation Department in writing at the above address and list the name(s) of the inmate(s) whose correspondence/visitation list you are on.

If you have questions regarding the visitation/correspondence process, call (406) 415-6313.

NOTE: You are not authorized to be on multiple inmates' visitation/correspondence lists unless you are immediate family to both inmates. If you are already listed on another inmate's visitation/correspondence you must:

- Submit in writing to the Visitation Department that you wish to be removed from the prior inmate's visitation list.
- Wait 90 days and then submit a new visiting request form.

ALL VISITORS TO MONTANA STATE PRISON 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)

Offense Approximate Date Disposition (jail, prison, probation)

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 submit with proof of marriage.
- ☐ The applicant did not submit complete information. See # _____
- ☐ The applicant did not sign the 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 has a felony or misdemeanor as outlined in the visiting procedure.
Resubmit after: _____
- ☐ The applicant is a former MSP, DOC or contracted facility employee.
- ☐ Other: _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Comments Processed by: _____



MONTANA STATE PRISON VISITOR DRESS CODE & VISITING RULES & REGULATIONS

Montana State Prison is committed to providing inmates the opportunity to visit with family and friends. Visitors are expected to adhere to a family friendly dress code and conduct which promotes a healthy, positive environment focusing on family ties and supportive relationships.

Upon entering Montana State Prison, the Visiting Officer will decide whether a visitor's clothing and/or attire are appropriate. If a visitor disputes a decision of the Visiting Officer, the decision will be referred to the Shift Commander or designee. If the Shift Commander or designee determines a visitor's clothing or hygiene is not appropriate, the visitor will be instructed to change clothing, or leave and reschedule their visit.

Visitors are expected to conduct themselves in a manner that is polite and respectful to other visitors, staff, and inmates. Any violation of expected conduct will result in being denied entry or early termination of the visit. Any repeated violation of expected conduct may result in a suspension or total revocation of the visitor's visiting privileges. Montana State Prison will not tolerate disrespectful or aggressive behavior to include, but not limited to loud, threatening, abusive, or profane language; verbal or physical aggressions toward staff, offenders, or visitors; inappropriate contact, or improper use or abuse of state property.

DRESS CODE

All visitors, including children, must dress appropriately for visitation. Visitor clothing must cover from the neck to the kneecaps, and all visitors must wear appropriate underwear.

Footwear must be worn at all times (open toed shoes, flip-flops, and steel toed boots are not allowed); no bare feet are allowed. Shoes with hidden compartments, pockets or zippers are not allowed.

The following types of clothing are **not allowed** to be worn:

- Tube tops, tank tops, halter tops, sleeveless tops
- Clothes that expose a person's midriff, side, or back or have holes or tears
- Mini-skirts, mini-dresses, shorts, skorts, or culottes (at or above the kneecap)
- Form-fitting clothes such as leotards, spandex, and leggings
- Excessively baggy clothing
- Hoodies/Cowls
- Any attire that resembles or reflects gang attire i.e., as colored bandanas that are associated with gang affiliation
- See-through clothing
- Tops or dresses that have revealing necklines and/or excessive splits
- Dresses that button-up or snap-up front, back, or wrap around (unless sewed shut)
- Clothing that contains symbols or signs with inappropriate language or graphics, including gang symbols, racist comments, inflammatory communications, etc.
- Clothing with designs that promote illegal drugs, alcohol, or sexual behavior
- Clothing resembling offender clothing.
- Sunglasses (unless they are prescription)
- Camouflage clothing
- Any clothing that, taken as a whole, resembles staff uniforms (gray tops/bottoms, medical scrub clothing)

Visitors must hang their coats, vests, hats, scarves on the coat hangers in the visiting room foyers and are not allowed to remove clothing items they wear into a visiting room. Jackets/coats with hoods must be hung up inside the visiting room.

VISITING ROOM RULES AND REGULATIONS

Physical Contact

- A brief (approximately 5 seconds) closed mouth facial kiss and an appropriate embrace at the beginning and end of the visit is allowed. Petting or fondling during this kiss/embrace is not allowed. Kissing, embracing, or hugging isn't allowed in the middle of your visit.
- Handholding in full view of the visiting officers is allowed. Massaging, caressing, or rubbing in any form is not allowed. Visitors and inmates are not allowed to interlock their legs or recline their knees against the other person.
- Children 8 yrs. old and younger are allowed to sit only on the lap of the inmate, visiting parent, or guardian. Others in the room are not allowed to sit on each other's laps even when taking photographs.

Prohibited Conduct During Inmate Visitation

- No inmate or visitor may seat themselves where the Visiting Officers does not have full view of all parties. Visiting Officers will change seating arrangements to address any concerns.

- Move/re-arrange the chairs and tables in the visiting rooms. If chairs or tables need to be moved to accommodate an inmate or a visitor with a disability (for example, to fit a wheelchair), staff shall move them. The chairs must be kept squared-up to the tables at all times, and not moved to the corners, placed side by side, or turned to face sideways or backward.
- Lean over the tables.
- Interact with those not in their party and/or the inmate they were approved to visit. The same applies to the inmates. They are not allowed to interact with other inmates in the visiting rooms or individuals that were not approved to visit with them. Brief polite and respectful verbal social greetings and acknowledgements are allowed.
- Put their feet on the tables for any reason.
- Remove their shoes and/or socks. This includes children.
- Remove toys from the designated toy area. Inmates are not allowed in the designated toy area (on the carpet).
- Shake or move a vending machine.
- Take an item purchased from a vending machine out of the visiting room.
- Enter areas other than those specifically designated as visiting areas. Restricted areas are marked by painted floor markings/lines.
- Allow children to use restrooms without supervision by the approved visitor they are with.
- Exchange or share any items with anyone.
- Leave the visiting room unless terminating the visit.

Visiting Hours

- Visiting is allowed Thursday through Sunday. Visitors arriving on any other day or do not have a scheduled visit will be turned away.
- Visitors will arrive on prison property 30 minutes prior to their scheduled time; otherwise, they will be turned away.
- All visiting may be cancelled or terminated at any time due to security concerns.

Supervision of Children

It is the responsibility of the inmate and visitor to supervise their children while on prison property. Failure to supervise may result in the visit being terminated.

Vending Machines

Vending machines are available for purchase of snacks or soft drinks. Only visitors may handle money for vending machines. Report any problems encountered in using the vending machines to the Visiting Officer.

Restrooms Facilities

Visitors and inmates must notify the visiting officers when they need to use the restrooms.



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 27th 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 ID # that you are updating your information for:

Inmate Name _____ DOC ID # _____

Visitors Name: _____

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

Visitor Address: _____

Visitor 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) 415-475-6313