

**Department of Corrections – Montana Women’s Prison
Request to visit or correspond with an inmate**

Inmate: _____ **DOC/MWP Number:** _____ **Date:** _____

Check this box if you are a victim of this offender. If you are a victim, do not fill out this form. Instead, please contact Victim Services at 800-223-6332 or (406) 247-5102.

The inmate listed above has requested that your name be placed on her correspondence/visiting list. If your application is approved, you will be authorized to visit this inmate at the Montana Women’s Prison and to mail/place money (U.S. Postal money order or Cashier’s Check only) on her inmate account. You can also place money on the account electronically by going to www.inmatetrust.mt.gov 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.

All completed forms must be mailed to:
MWP Visiting Department
701 South 27th Street
Billings, MT 59101

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

If your address changes, please notify the MWP Visiting 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.

If you have questions regarding the visiting process, call (406) 247-5118.

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 MWP Visiting Department 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 WOMEN’S 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 Spouse 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

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 MWP, DOC or contracted facility employee.
- Other: _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Comments:

PROCESSED _____

Please keep pages 4 – 6 for your reference. If your application is disapproved, you may want to submit an appeal.

APPLICANT APPEAL

Instructions: If you disagree with the decision above, you may appeal the decision to the Associate Warden of Security/designee by completing this section of the form, fully explaining why you are appealing, and mail the completed form to:

**Montana Women’s Prison-AW of Security
Montana Women’s Prison,
Billings, MT 59101**

Reason for appeal: _____

Applicant’s Signature Date

ASSOCIATE WARDEN OR DESIGNEE’S RESPONSE

Is there sufficient evidence and documentation to support decision? Yes No
Is there substantial staff compliance with applicable procedures? Yes No

Decision:

- Affirm.** I uphold the decision. Visiting status will not change.
- Dismiss.** I overturn the Visiting Supervisor’s decision for the following reasons: _____

Visitation status is:

APPROVED **DISAPPROVED** **AS OF:** _____

AW or Designee’s Signature Date