



Visitation Application/Approval to Send Funds To Inmate/Resident

Please complete this entire form to be considered to visit an inmate at a Montana Department of Corrections facility and/or send funds. 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 visitor. Minor children must be listed on the same form as their legal guardian. Criminal background checks are conducted on each applicant.

Name: _____ **DOC Number:** _____ **Date:** _____

Check the box for the facility you would like to visit:

- | | |
|---|---|
| <input type="checkbox"/> Montana State Prison, Deer Lodge | <input type="checkbox"/> Montana Women's Prison, Billings |
| <input type="checkbox"/> Pine Hills Correctional Facility, Miles City | <input type="checkbox"/> Crossroads Correctional Center, Shelby |
| <input type="checkbox"/> Dawson County Correctional Center | |

Check this box if you are a victim of this offender or family member of the victim. If you are, please contact the Montana Department of Corrections' Victim Services team at 406-846-1320 ext. 2201 or 1-800-223-1320.

If your application is approved, you will be authorized to visit this inmate at a DOC facility. In addition, individuals approved through this process may send funds to an inmate using a U.S. Postal Service order or cashier's check. Inmates can receive money from immediate family members and one non-family member. You may also place money on the account electronically at www.inmatetrust.com and create an e-pass account. Money for residents at Pine Hills must be mailed to the facility.

Send your completed application form to the visitation department address at the facility you want to visit. Addresses are located below. *(Please send applications for Dawson County and Crossroads to Montana State Prison):*

Montana State Prison
Visitation Department
400 Conley Lake Road
Deer Lodge, MT 59722

Montana Women's Prison
MWP Visiting Department
701 South 27th Street
Billings, MT 59101

Pine Hills Correctional Facility
Visitor Approval Staff
4 North Haynes Ave.
Miles City, MT 59301

The review process for Montana State Prison and Montana Women's Prison may take up to 90 days from when the form is received. The review process for Pine Hills Correctional Facility takes approximately 14 days from the date the form is received.



If your address changes, please notify the Visitation Department at the facility you visit, in writing, using the addresses above. Be sure to list the name(s) of the inmate(s) you visit..

Please note, you are not authorized to be on multiple inmates' visitation lists unless you are immediate family of both inmates.

To apply to visit an inmate if you are already listed on another inmate's visiting list, you must:

- Submit in writing to the facility 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 individuals and property entering the grounds of Montana Department of Corrections' facilities are subject to search. Possession of weapons, alcohol, tobacco, and dangerous drugs is in violation of the law. Violators will be prosecuted.

A state or federal photo ID is required for all people over the age of 18 to enter a secure facility.

The complete DOC policies covering visitation can be found at www.cor.mt.gov.

If you have questions regarding the visiting process, please call the following numbers at the facility you would like to visit:

Montana State Prison – (406) 415- 6313

Montana Women's Prison – (406) 247-5118

Pine Hills Correctional – (406) 232-1377

1. Name: _____ Age: _____ Date of Birth: _____

2. Address: _____ Social Security Number: _____

P.O. Box No: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

3. Your relationship to the inmate: (Spouses, please attach a copy of a notarized marriage

license or notarized affidavit of common law marriage.) Mother Father Son

Daughter Wife Husband Grandparent Brother Sister

Other _____



4. Have you visited any DOC secure facility under any other names? **Yes** **No**

If yes, list names: _____

5. Have you ever been employed by the DOC or any of its contract facilities? **Yes** **No** If yes, list facility and position:

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

7. Your occupation: _____ Employer: _____

Business address: _____ Phone: _____

8. Your minor children must be listed on this application, and Proof of Guardianship with a copy of each child's certified birth certificate must be provided with this application. (If you are already an approved visitor but not the child's legal guardian, you must complete the visitation form again, including the child's information. Along with the new form, visitors must include the completed Form E (Proof of Guardianship), which must be completed by the child's guardian, and provide copies of each child's certified birth certificate.)

Name: _____ Age: _____ Date of Birth: _____

Relationship to inmate/resident: _____

Name: _____ Age: _____ Date of Birth: _____

Relationship to inmate/resident: _____

Name: _____ Age: _____ Date of Birth: _____

Relationship to inmate/resident: _____

Name: _____ Age: _____ Date of Birth: _____



Relationship to inmate/resident: _____

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

Probation Officer's signature: _____ Date: _____ Phone: _____

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

11. Do you have any misdemeanor charges pending? **Yes** **No**

12. Are you on parole or probation? **Yes** **No** Where: _____

Name of the institution from which you were released and the date:

Name of Parole or Probation Officer: _____

Office Address: _____ Phone: _____

Authorization/Signature of Parole or Probation Officer: _____

13. I certify the above information is true and does not have any missing 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 privileges could be revoked or suspended at any time for violations of the Visiting Policy.

Applicant's Signature: _____ **Date:** _____



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- 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 application did not submit complete information. See No. _____
- The applicant did not sign form.
- The applicant has pending disposition 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 3 years/5 months satisfactory community adjustment.

Resubmit after: _____

- The applicant is a former DOC or contracted facility employee.
- Other:** _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Comments: _____

Processed By: _____ Date: _____



Proof of Guardianship for Visitation

To bring minor children with you to visit an inmate in a secure facility with the Montana Department of Corrections (DOC), you must provide proof to show 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 visiting facility below. You also need to complete and submit the DOC Visitation form as well. *(Please send forms for Crossroads Correctional Center and Dawson County Correctional Center to Montana State Prison.)*

Montana State Prison

Visitation Department
400 Conley Lake Road
Deer Lodge, MT 59722

Montana Women's Prison

MWP Visiting Department
701 South 27th Street
Billings, MT 59101

Pine Hills Correctional Facility

Visitor Approval Staff
4 North Haynes Ave.
Miles City, MT 59301

I hear by certify that I _____ am the legal guard to the following children

Legal guardian 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



<i>Child's Name</i>	<i>Relationship to Guardian</i>	<i>Relationship to Inmate</i>
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<i>Child's Name</i>	<i>Relationship to Guardian</i>	<i>Relationship to Inmate</i>
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<i>Child's Name</i>	<i>Relationship to Guardian</i>	<i>Relationship to Inmate</i>
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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.)

<i>Adult's Name</i>	<i>Relationship to Guardian</i>	<i>Relationship to Inmate</i>
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<i>Adult's Name</i>	<i>Relationship to Guardian</i>	<i>Relationship to Inmate</i>
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<i>Adult's Name</i>	<i>Relationship to Guardian</i>	<i>Relationship to Inmate</i>
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<i>Adult's Name</i>	<i>Relationship to Guardian</i>	<i>Relationship to Inmate</i>
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