



PINE HILLS CORRECTIONAL FACILITY
REQUEST TO VISIT AND SEND MONEY TO AN ADULT RESIDENT

Approved by
Program Manager:

PHYCF USE ONLY

Resident: \_\_\_\_\_ DOC/AO#: \_\_\_\_\_ Date: \_\_\_\_\_

Check this box if you are a victim of this resident or the 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.

You are requesting to be placed on the visiting list for the resident named above. If your application is approved, you will be authorized to visit this resident at Pine Hills Correctional Facility and will be authorized to mail/place money (U.S. Postal money order or Cashier's Check only) on the residents 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 visitor. Minor children must be listed on the same form as the legal guardian. Criminal background checks may be conducted on each applicant. Mail the completed form to:

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

ALL PEOPLE AND THEIR PROPERTY ENTERING PINE HILLS CORRECTIONAL FACILITY 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: \_\_\_\_\_ Social Security #: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. Your relationship to the resident (Check the appropriate designation):

Mother Father Son Daughter Wife Grandparent Brother Sister

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

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

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

5. Have you been employed by the Montana Department of Corrections or any other contracted facility?

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

6. Are you on another resident's visiting list? Yes No Note: You are not authorized to be on multiple lists unless you are immediate family to both residents. You must be removed from one resident'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 \_\_\_\_\_

Childs relationship to resident: \_\_\_\_\_

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

Childs relationship to resident: \_\_\_\_\_

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

Childs relationship to resident: \_\_\_\_\_

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

Childs relationship to resident: \_\_\_\_\_

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

Childs relationship to resident: \_\_\_\_\_

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

Probation Officer (PO) Name: \_\_\_\_\_ PO's Phone #: \_\_\_\_\_

PO's Approves Visit  Yes  No If yes PO's Signature: \_\_\_\_\_

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

If yes, list the 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 If yes, where: \_\_\_\_\_

Name of Probation/Parole (P&P) Officer: \_\_\_\_\_

P&P Officers address: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorization/Signature of P&P Officer: \_\_\_\_\_ Date \_\_\_\_\_

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 Procedure.**

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

*THIS SECTION IS FOR PINE HILLS STAFF USE ONLY*

Name of Applicant: \_\_\_\_\_ Resident Name: \_\_\_\_\_

- The applicant is currently on another visiting/correspondence list of a resident 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 h
- The applicant does not have two year of satisfactory community adjustment:

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

The applicant is a former DOC or contracted facility employee.

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

Approved for Visiting      Date: \_\_\_\_\_       Approved to Send Money      Date: \_\_\_\_\_

Disapproved for Visiting      Date: \_\_\_\_\_       Disapproved to Send Money      Date: \_\_\_\_\_  
(adult residents only)

Comments: \_\_\_\_\_

\_\_\_\_\_

Processed by: \_\_\_\_\_  
Staff's Printed Name

\_\_\_\_\_  
Staff's Signature

**Please keep pages 4-7 for your reference. If your application is denied, you may want to submit an appeal.**

**Pine Hills Correctional Facility  
Pine Hills Visitor Application Denial Appeal**

Instructions: If you disagree with the visit denial or denial to send money, you may appeal the decision to the Deputy Superintendent or designee by completing this form, fully explaining why you are appealing. Mail the completed form to:

**Pine Hills Correctional Facility  
Deputy Superintendent  
4 N Haynes Ave  
Miles City, MT 59301**

Reason for appeal:

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

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**Deputy Superintendent or Designee's Response**  
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- Is there sufficient evidence and documentation to support the denial?  Yes  No  
Is there substantial staff compliance with applicable procedures?  Yes  No  
 Affirm. I uphold the decision. Visiting status will not change  
 Affirm. I uphold the decision. Sending Money status will not change  
 Dismiss. I overturn the decision for the following reasons:

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**Visitation is:**

APPROVED  DISAPPROVED Date: \_\_\_\_\_

**Sending Money is:**

APPROVED  DISAPPROVED Date: \_\_\_\_\_

\_\_\_\_\_ Deputy Superintendent or Designee's Signature \_\_\_\_\_ Date

**PINE HILLS CORRECTIONAL FACILITY**  
**VISITOR DRESS CODE & VISITING RULES AND REGULATIONS**

**General Procedures**

1. **Scheduling a Visit:** Visitors are required to contact the facility at 406-232-1377 to schedule a visit at least 24 hours prior to the requested visit time or 24 hours prior to the start of the weekend. Visitors of adults must fill out and have an approved *Adult Visitation Application/Approval to Send Funds to Resident* on file. The form may be obtained by calling the facility at 406-232-1377 or from the DOC website. Visitors of youth residents must contact the youths' assigned caseworker to be added to the approved visitor list.
2. All visitors are subject to a criminal history background check before entrance to the secure facility. If a visitor has a criminal background, the visit must be approved by the Superintendent.
3. Visitors must be 18 years old or accompanied by a parent or legal guardian.
4. A photo ID will be required to be shown when visiting the facility.
5. Visitors are required to sign a form agreeing to obey all visiting rules.
6. All vehicles are to be secured while on facility grounds.
7. Use of tobacco on Pine Hills property is prohibited (to include the parking lot). All tobacco products (including Vape pens) must be secured prior to entering the facility.
8. Handbags, backpacks, prescription and non-prescription medication etc. are to be left in a secured (locked) vehicle, or secured lockers provided for visitors. Briefcases may go in after being checked.
9. Cameras may be brought in and left in the Business Office, locker, or with Security. Pictures may be taken by staff if time and staff availability allows.
10. YOUTH ONLY: Approved clothing must be left at the Business Office or Security Office for search and proper disbursement to the housing unit of the resident. Athletic shoes must have prior approval from the caseworker, or they will be refused.
11. Money (money orders only/cashier's check from a bank) must be left at the Business Office or with a Security Officer to be deposited into the residents' account. Receipts will be issued for all transactions. Letters and or pictures must be routed through the Business Office, they may not be given directly to the resident.
12. Visitors will not be allowed to leave the building and return to the visit.

**Dress Code/Conduct:** *(This dress code applies equally to females and males over five years old.)*

Visitors should dress and maintain in a manner that is clean, conservative and subdued, clothing should not be distracting, disturbing, provocative, or offensive to other visitors, residents, and/or staff. All clothing must be clean and in good repair (no holes, tears, etc.). Staff checking in the visitor will determine if the clothing/hygiene is appropriate. If requirements are not met and the visit is not allowed if the visitor disputes the decision of the staff, they will be referred to the Chief of Security or the Security Unit Shift Supervisor who will determine if the individual's clothing or hygiene isn't appropriate. The visitor will not be allowed to cover or mask the problem in question and proceed with the visit, he or she must leave.

Visitors are expected to conduct themselves in a manner that is polite and respectful to other visitors, staff and residents. Violations of this may result in being denied entry or early termination of the visit. Repeated violations of these conduct guidelines may result in a suspension or total revocation of the visitor's visitation privileges. Pine Hills Correctional Facility will not tolerate disrespectful or aggressive behavior to include loud, threatening, abusive, or profane language; verbal or physical aggression toward staff members, residents, or visitors; inappropriate physical contact; or improper use or abuse or state property.

Visitors wearing the following items/types of clothing **will not be allowed** into the facility:

13. Spandex, form fitting, or excessively baggy tops/shirts or bottoms/pants (normally identified with gang dress).
14. Shorts, beach-type shorts, or cut-offs.
15. Transparent tops, skirts, or pants. Undergarments must not be visible through the clothing.
16. Clothing without the proper undergarments (bra, slip, and underwear). Female visitors must wear a bra at all times (sport, regular, or strapless). Bras with metal under wires will not clear metal detection devices and will necessitate the use of a wand metal detector and/or an intrusive clothed body search to verify the source of the metal causing the alert.

17. Sleeveless tops, "tank" tops are not allowed as an outer garment. Tops must be long enough that no skin is exposed when arms are raised overhead. Necklines must not be lower than two inches below the notch of the neck.
18. Dresses or skirts:
  - a) That are see through (without a slip)
  - b) Without a hem at least six inches lower than the knee when standing.
  - c) With slits extending above the knee.
  - d) With button-up or snap-up front, back, or wrap around (these dresses may be worn only if sewn shut).
19. Clothing that, taken as a whole, resembles resident issued clothing (dark green, tan, maroon, scrub type clothing).
20. Any clothing that, taken as a whole, resembles staff uniforms (dark blue polo shirts and tactical style pants)
21. Camouflage clothing.
22. Slippers may not be worn, open-toed shoes are allowed but must be worn at all times.
23. Shoes that have hidden compartments, pockets, or zippered pockets.
24. Clothing items with designs that are profane or derogatory.
25. Clothing with designs that promote illegal drugs, alcohol, or sexual behavior.
26. Clothing that is obviously soiled or has holes/tears large enough to be deemed a distraction.
27. Sunglasses (unless they are prescription).
28. Visitors are cautioned to refrain from wearing metal items underneath their clothing as any metal item will not clear the metal detection devices and may necessitate an intrusive clothed body search to verify the source of the metal causing the alert.

### **PHCF Visiting Room Rules and Regulations**

***Any violation of these rules may result in the visit being terminated and possible visiting suspensions or revocation.***

#### **Physical contact:**

- A brief (approximate 5 second) closed mouth facial kiss and an appropriate embrace at the beginning and end of the visit are allowed. Petting or fondling during this kiss/embrace is not allowed. Kissing, embracing, and hugging in the middle of your visit are not allowed.
- Handholding in full view of the visiting officers is allowed. Massaging, caressing, or rubbing in any form is not allowed. Visitors and residents are not allowed to interlock their legs or recline their knees against the other person.
- Children (8) years old and younger are allowed to sit only on the lap of the resident, visiting parent, or guardian. Others in the room are not allowed to sit on each other's laps. Exceptions are allowed for photograph purposes.

#### **Visitors and residents are not allowed to:**

- Bring electronic devices into the Visitation Rooms. All electronic devices (including cell phones) are to be secured prior to entering the Visitation Rooms. Lockers are available to use.
- Seat themselves where the Visitation Officers don't have full view of all parties. Staff will change seating arrangements to ensure they can be viewed through the control room window.
- Move/re-arrange the chairs and tables in the visiting rooms. The chairs must always be kept squared-up to the tables, 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 resident they were approved to visit. The same applies to the residents. They are not allowed to interact with other resident in the visiting rooms or individuals who are 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 (visitors) and/or socks (residents). This includes children.
- Shake or move a vending machine.
- Enter areas other than those specifically designated as visiting areas.
- Allow children to use restrooms without supervision by the approved visitor they are with.
- Exchange any items with anyone.

#### **Food Items**

Vending machines are available for purchase of snacks or soft drinks. Only visitors may handle money. If any problems are encountered with the vending machines, please report them to staff.:

- Adult Visits: Food items must be purchased from the facility vending machines for consumption during the visit. Residents are not allowed to take an item purchased from a vending machine out of the Visiting Room.
- Youth Visits: Outside food items may be brought in for consumption during the visit. Food items must be consumed in the visiting room and will be inspected by staff.

#### **Supervision of Children**

It is the responsibility of the resident and his visitor to supervise and control children who are visiting (This also applies to the lobby and parking lot areas prior to and after visiting). If the resident and his visitor neglect this responsibility, after being warned, the visit will be terminated.

#### **Restroom Facilities**

- Visitors must notify staff when they need to use the restrooms by depressing the intercom button. Visitors are only allowed to use the restrooms in the Administration lobby.
- Residents must notify staff when they need to use the restroom and will only be allowed to use the restroom in the Central Control area hallway.