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 place 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 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.

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: ____________________

MSP 3.3.8, Inmate Visiting Attachment G Effective: October 15, 2019
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 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: ___________________________ Date: ___________________________

Disapproved: ___________________________ Date: ___________________________

Comments: ___________________________ Date: ___________________________

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 27th Street  
Billings, Mt 59101

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

<table>
<thead>
<tr>
<th>Legal Guardian’s Name</th>
<th>who will be visiting</th>
<th>Inmate’s Name</th>
<th>DOC ID#</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Relationship to Guardian</th>
<th>Relationship to Inmate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name</td>
<td>Relationship to Guardian</td>
<td>Relationship to Inmate</td>
</tr>
<tr>
<td>Child’s Name</td>
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</tr>
<tr>
<td>Child’s Name</td>
<td>Relationship to Guardian</td>
<td>Relationship to Inmate</td>
</tr>
</tbody>
</table>

MSP 3.3.8, Inmate Visiting  
Attachment E (page 1 of 2)  
Effective: October 15, 2019
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)

<table>
<thead>
<tr>
<th>Adult’s Name</th>
<th>Relationship to Guardian</th>
<th>Relationship to Inmate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult’s Name</td>
<td>Relationship to Guardian</td>
<td>Relationship to Inmate</td>
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</tr>
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<td>Adult’s Name</td>
<td>Relationship to Guardian</td>
<td>Relationship to Inmate</td>
</tr>
</tbody>
</table>

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:

________________________________________________________________________
Inmate Name                      Inmate AO#

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.

MSP 3.3.8, Inmate Visiting Attachment F Effective: October 15, 2019