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 place 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)

<table>
<thead>
<tr>
<th>Offense</th>
<th>Approximate Date</th>
<th>Disposition (jail, prison, probation)</th>
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<tbody>
<tr>
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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 ________________________________

MWP Request to visit or correspond with an inmate
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: __________________________________________________________

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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 ______________