

**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](http://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 27<sup>th</sup> 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](http://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