**Visitation Application**

Adult Application  Adult & Minor Application

Information Change  Renewal

|  |  |  |
| --- | --- | --- |
| **Inmate/Resident Name**  Click or tap here to enter text. | | **DOC Number**  Click or tap here to enter text. |
| *Check the box for the facility inmate/resident is currently located:* | | |
| Crossroads Correctional Center, Shelby | Montana Women's Prison, Billings | |
| Dawson County Correctional Center, Glendive | Pine Hills Correctional Facility, Miles City | |
| Montana State Prison, Deer Lodge | Riverside Special Needs Unit, Boulder | |
| Saguaro Correctional Center, Eloy AZ | Tallahatchie County Correctional, Tutwiler, MS | |

Please complete the entire form to be considered to visit an inmate at a Montana Department of Corrections facility. 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 completed by their legal authority. Criminal background checks are conducted on each applicant. Applicants are required to review *Visitation Rules & Regulations* and *Visitation Dress Code* found at cor.mt.gov before signing application.

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| --- | --- | --- | --- | --- | --- |
| **Applicant Full Legal Name**  Click or tap here to enter text. | | | Aliases or other names used *(i.e. maiden name)*  Click or tap here to enter text. | | |
| Address  Click or tap here to enter text. | | City  Click or tap here to enter text. | | State  Click or tap here to enter text. | Zip  Click or tap here to enter text. |
| Social Security Number  Click or tap here to enter text. | | Date of Birth  Click or tap here to enter text. | | Phone Number  Click or tap here to enter text. | |
| Driver’s License or State ID Number  Click or tap here to enter text. | | Issuing State  Click or tap here to enter text. | | All other states lived in  Click or tap here to enter text. | |
| Relationship to Inmate/Resident  Click or tap here to enter text. | | | Length of time you've known inmate/resident  Click or tap here to enter text. | | |
| ***Spouses - please include a copy of a certificate of marriage or registration of common law marriage with application.*** | | | | | |
| Your Employer  Click or tap here to enter text. | Employer's Address  Click or tap here to enter text. | | | Employer's Phone Number  Click or tap here to enter text. | |

|  |  |  |
| --- | --- | --- |
| Are you a victim of the inmate listed above (current and past crimes included)? | YES | NO |
| ***If YES, please contact the DOC Victim Services team at (888) 223-6332 prior to sending in this application.*** | |  |
| Are any of your family members victims of the inmate (current and past crimes included)? | YES | NO |
| Are you a current or former employee, volunteer or contractor of the Montana Department of Corrections or a DOC secure facility? | YES | NO |
| *If YES, please list facility and dates of employment or volunteer or contract service:* |  |  |
| Are you on another inmate's visiting list at a DOC facility? | YES | NO |
| Have you visited any DOC secure facility under any other name? | YES | NO |
| *If YES, please list names:* |  |  |
| Have you ever been convicted of a felony? | YES | NO |
| Do you have any misdemeanor or felony charges pending? | YES | NO |
| Are you on probation or parole? | YES | NO |
| ***If YES, please include a letter from your probation/parole officer granting their permission for you to visit.*** | |  |
| Are you requesting approval to send money to this inmate/resident? | YES | NO |
| Money can be deposited online at **https://app.mt.gov/inmatebanking/** or money orders can be mailed to the facility. | |  |
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| --- |
| **LEGAL AUTHORITY CONSENT FOR MINOR VISIT AND/OR ESCORT** |

***You can skip this page if you do not need to give consent for a minor visit and/or escort*.**

Only the person with legal authority over the minor child may authorize the child to visit the incarcerated inmate. The document forming the basis of the legal authority must be attached to this application. For example, the child’s birth certificate on which the person is named as a parent, or a letter of guardianship issued by the court. Other documents as proof of legal authority may be attached for the Department’s consideration.

Please fill out ***BOTH*** pages.

I affirm that I have legal authority to make decisions on behalf of the minor(s) listed below. I have attached proof of my legal authority to this document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Minor Name (print)** | **Month and Year of Birth** | **Minor Name (print)** | **Month and Year of Birth** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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As legal authority, I authorize the following individuals ***who are themselves approved as visitors for this inmate/resident*** to escort the minor(s) listed on this form to visit the above-named incarcerated individual.

Anyone who will be escorting the minor(s), including the minor(s) legal authority, must be listed on this form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adult Escort Name** | **Month and Year of Birth** | **Relationship to Minor** | **Adult Escort Name** | **Month and Year of Birth** | **Relationship to Minor** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| I certify the information on this application is true and complete. Any omissions on the form will cause the application to not be processed and approved. 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 as outlined on cor.mt.gov. I understand that my visiting privileges could be revoked or suspended at any time for violations of the Visiting Policy. | |
| Signature | Date |

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| **LEGAL AUTHORITY CONSENT (only complete this section if you are bringing a minor for visitation)** |

Sign in the presence of a Notary Public Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Authority Name (print)

Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

I do swear either from personal knowledge or from satisfactory evidence, that the signature on this form is that of the person before me as named in this document.

SUBSCRIBED AND SWORN BEFORE ME THIS:

Click or tap here to enter text. Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Month, year

|  |  |
| --- | --- |
| **SEAL**  Notary seal is not required when submitted by DPHHS for a minor who is in the care of the state | Notary Public Signature  Notary Public in and for the state of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Upon completion, send this form to the appropriate facility below:** | | |
| *For Montana State Prison, Crossroads, Dawson, Riverside, Saguaro, Tallahatchie* | *For Montana Women's Prison* | *For Pine Hills Correctional Facility* |
| **Montana State Prison** | **Montana Women's Prison** | **Pine Hills Correctional Facility** |
| Visitation Department | MWP Visiting Department | Visitor Approval Staff |
| 400 Conley Lake Road | 701 South 27th Street | 4 North Haynes Ave |
| Deer Lodge, MT 59722 | Billings, MT 59101 | Miles City, MT 59301 |
| Fax: 406-415-6622 |  |  |
| *The review process may take up to 90 days from when the form was received.* | | |

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| --- | --- | --- | --- |
| **Visiting Staff Use Only (Form Updated April 2025)** | | | |
| Date Received | APPROVED | DENIED | |
| *Reason for Denial* |  |
| Missing documents | Other |
| Duplicate Visiting List | DOC Employee |
| Incomplete App | False Information |
| Staff Signature | | Date Complete |
| *Additional Explanation* | | | |
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