



# Visitation Application

Adult Application   
 Information Change

Adult & Minor Application   
 Renewal

<b>Inmate/Resident Name</b>	<b>DOC Number</b>
<p><i>Check the box for the facility inmate/resident is currently located:</i></p> <p> <input type="checkbox"/> Crossroads Correctional Center, Shelby      <input type="checkbox"/> Montana Women's Prison, Billings  <input type="checkbox"/> Dawson County Correctional Center, Glendive      <input type="checkbox"/> Pine Hills Correctional Facility, Miles City  <input type="checkbox"/> Montana State Prison, Deer Lodge      <input type="checkbox"/> Riverside Special Needs Unit, Boulder  <input type="checkbox"/> Saguaro Correctional Center, Eloy AZ         </p>	

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](http://cor.mt.gov) before signing application.

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

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

**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

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

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

\_\_\_\_\_

Legal Authority Name (print)

\_\_\_\_\_

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:

\_\_\_\_\_ 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: \_\_\_\_\_

**Upon completion, send this form to the appropriate facility below:**

<i>For Montana State Prison, Crossroads, Dawson, Riverside, &amp; Saguaro</i>	<i>For Montana Women's Prison</i>	<i>For Pine Hills Correctional Facility</i>
<b>Montana State Prison</b>  Visitation Department 400 Conley Lake Road Deer Lodge, MT 59722 Fax: 406-415-6622	<b>Montana Women's Prison</b>  MWP Visiting Department 701 South 27th Street Billings, MT 59101	<b>Pine Hills Correctional Facility</b>  Visitor Approval Staff 4 North Haynes Ave Miles City, MT 59301

*The review process may take up to 90 days from when the form was received.*

**Visiting Staff Use Only (Form Updated April 2024)**

Date Received	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
	<i>Reason for Denial</i> <input type="checkbox"/> Missing documents <span style="margin-left: 200px;"><input type="checkbox"/> Other</span> <input type="checkbox"/> Duplicate Visiting List <span style="margin-left: 180px;"><input type="checkbox"/> DOC Employee</span> <input type="checkbox"/> Incomplete App <span style="margin-left: 180px;"><input type="checkbox"/> False Information</span>	
Staff Signature	Date Complete	
<i>Additional Explanation</i>		