

VISITOR APPLICATION

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION

SFN 7598 (06-2024)

DO NOT WRITE INSIDE THIS BOX (INTERNAL USE ONLY)

ND Courts Alerts Non-Association Prior Links DS-SO NCIC _____ Resident Notified _____ Approved Denied

Visitor Control Officer Signature

Date

INSTRUCTIONS (PLEASE PRINT)

1. Applicant must answer accurately and truthfully. Any applicant not being truthful will not be allowed to reapply for 90 days from the date of the initial application.
2. This application is good for five (5) years. After the expiration of that period, a new application must be completed and submitted.
3. All minors who are to be brought for visitation by a person **other than** their parent or legal guardian must have a completed **and approved** minor visitation application prior to the visit. The minor visitation application may be found on the North Dakota Department of Corrections and Rehabilitation (DOCR) website, www.docr.nd.gov, by searching "minor visitation application."
4. Complete ALL fields for yourself (applicant) AND any children under the age of 18 who may be with you.

Application Status

New Information Change Renewal

Visitor Type

Adult Visitor Only Adult & Minor Visitors

RESIDENT DETAILS

Resident Is At

Dakota Women's Correctional and Rehabilitation Center Heart River Correctional Center
 James River Correctional Center Missouri River Correctional Center
 North Dakota State Penitentiary North Dakota Youth Correctional Center

Resident Last Name

Resident First Name

Resident Number

Today's Date

Your Relationship to Resident

Name(s) of Other Resident(s) You Visit (or n/a)

APPLICANT DETAILS

Last Name

First Name

Full Middle Name

Maiden Name (or n/a)

List ALL alias(es) and/or other names you have previously used (or n/a)

Age

Date of Birth

Social Security Number

Gender

Male Female Other _____

Address

City

State

ZIP Code

Telephone Number

Prior States of Residency (List ALL)

Driver's License or State ID Number

Driver's License State

Are you a current or former employee, volunteer, and/or contractor of the North Dakota Department of Corrections and Rehabilitation?

Yes No

If yes, list facility

If yes, list dates of employment or volunteer or contract service

Have you visited in any North Dakota Department of Corrections and Rehabilitation under any other name?

Yes No

If yes, list facility

If yes, list name(s) used

Are you banned from any other correctional institution(s)?

Yes No

Are you currently charged with any crimes or awaiting court proceedings?

Yes No

Have you been convicted of any crime (misdemeanor or felony) to include deferred sentences?

Yes No

Are you on probation (supervised or unsupervised)?

Yes No

Continued on next page

Do you have any prescription(s) and/or medical device(s) you must keep on/with your person during visits?
 Yes No

If "Yes," choose all that apply:
 Epi Pen (Rx) Inhaler (Rx) Nitroglycerin (Rx) Oxygen
 Wheelchair Assistive Device (Walker, Cane) Other (Specify) _____

MINOR VISITORS

A child/children under the age of 18 will be coming with me to visit.
 Yes - Complete "Minor Visitor Details" section starting on Page 3. (REQUIRED) No

**READ ALL INFORMATION INCLUDED IN THIS APPLICATION.
SIGN THE APPLICATION WHERE INDICATED.
UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

DO NOT ATTEMPT TO VISIT UNTIL NOTIFIED BY THE RESIDENT THAT YOUR APPLICATION HAS BEEN APPROVED.

Visitor Policies

1. No one under the age of 18 will be permitted to visit unless they are accompanied by their parent or legal guardian. Special permission must be granted by the Chief of Security for other circumstances; written consent must be given by the child's parent or legal guardian.
2. Official State or Federal photo identification will be required for all persons entering the facility except those under 18 years of age who are supervised by a parent or guardian. Failure to produce ID will be grounds to deny admittance.
3. All visitors will be expected to comply with facility dress code guidelines. These guidelines can be located on the N.D. Department of Corrections (NDDOCR) website: <http://www.nd.gov/docr/family/visitation.html>.
4. You will be required to successfully clear a metal detector. Failure to do so will result in denial of access.
5. Items allowed to be brought into the visiting room may vary due to the custody level of the facility. Please contact the facility with questions and/or for further details.
6. CONTRABAND. All items will be subject to search. The staff and administration of the NDDOCR is not responsible for any lost or stolen property at any NDDOCR facility.
7. NORTH DAKOTA CENTURY CODE: SECTION 12-47-21. Alcoholic beverages and controlled substances prohibited -- Physicians Orders -- Use of Tobacco -- Penalty.
 - a. It is unlawful for any person to deliver or administer, whether or not for a consideration, any alcoholic beverage or controlled substance to any inmate of the penitentiary, or to any other person for redelivery to an inmate of the penitentiary. This subsection does not apply to the delivery or administration of controlled substances or alcoholic beverages in accordance with the orders or prescription of a duly licensed physician and the approval, except in emergency circumstances, of the warden.
 - b. No penitentiary inmate may possess any controlled substance or alcoholic beverage unless the substance or beverage was delivered to the inmate or was possessed in accordance with the prescription or orders of a licensed physician.
 - c. Any person, other than an official or employee of the penitentiary, who violates subsection 1 by delivering or administering a controlled substance is guilty of a class B felony. Any official or employee of the penitentiary who violates subsection 1 by delivering or administering a controlled substance is guilty of a class A felony. Any person who violates subsection 1 by delivering alcoholic beverages is guilty of a class A misdemeanor
 - d. Any person who violates subsection 2 by possessing a controlled substance is guilty of a class B felony. Any person who violates subsection 2 by possessing alcoholic beverages is guilty of a class A misdemeanor.
 - e. It is unlawful for any person to willfully deliver, or possess with intent to deliver, a wireless electronic communications device to a penitentiary inmate or to any person for redelivery to a penitentiary inmate, or to allow a penitentiary inmate to possess or use a wireless electronic communications device, on or within any premises under the control of the Department of Corrections and Rehabilitation or any of its divisions except for law enforcement purposes. A violation of this subsection is a class C felony.

I confirm that I have read and fully understand the visitor policies. Yes No

Use of Information Provided

The Department of Corrections and Rehabilitation (DOCR) will use the information provided to check criminal history records of the Federal Bureau of Investigation (FBI). This information may be used to deny or restrict your visitation privileges with the DOCR. It is voluntary for you to provide this information; however, if you do not provide the requested information, visitation may be denied. You have the opportunity to review and/or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record is set forth in Title 28 CFR 16.34.

I confirm that I have read and full understand how the DOCR will use the information I provided in this application. Yes No

Search Policy

Any individual entering the institution or its grounds may be subject to search at any time for contraband articles. This also applies to their personal property. Anyone refusing to submit to search will be denied admittance. If contraband is found, the institution may detain the individual for a reasonable amount of time. Searches are not intended to embarrass or degrade any individual, nor are they intended to cast doubt on the integrity of the individual. The institution has found, through experience, that it is necessary to conduct searches for contraband to adequately provide a safe and secure institution for inmates, staff, and visitors. A refusal to allow a search may result in loss of visiting privileges. If a resident is found in possession of contraband upon completion of a visit, the visitor(s) may lose visiting privileges.

I confirm that I have read and fully understand the search policy. Yes No

Waiver of Responsibility

1. I fully understand the risks and dangers involved in entering a prison facility. I realize that my life could be in danger and I could be held hostage, assaulted, verbally abused, and/or otherwise placed in danger.
2. I understand and agree that the administration of the Adult Services Division or any of its staff cannot guarantee my safety. I accept the fact that, should I be granted permission to enter the grounds and facilities of the Dakota Women's Correctional and Rehabilitation Center, James River Correctional Center, Missouri River Correctional Center, the North Dakota State Penitentiary, and/or the North Dakota Youth Correctional Center that permission is only given because I realize the dangers and risks involved. All liability is my own.
3. I will observe all the rules and regulations required. I will adhere strictly to all policies and regulations required to maintain the security of the institution.

My signature on this application confirms I have read and understand the Waiver of Responsibility and accept all risks and liability associated with visiting the DOCR facilities listed above. Yes No

Identification

I confirm that I agree to provide one of the acceptable forms of photo identification AND adhere to all rules at each visit. Yes No

APPLICANT SIGNATURE

With my signature below, I confirm that all information provided in this application is true and correct. I understand that providing false information on this form is grounds for denying visiting privileges.

Signature	Date
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MINOR VISITOR DETAILS (Required if a child/children will be visiting with you)

A child/children under the age of 18 will be coming with me to visit.

- Yes -- Complete for each child who will be visiting with you. No - skip this section

PARENT/GUARDIAN CONSENT FOR MINOR CHILD/CHILDREN UNDER THE AGE OF 18 (REQUIRED)

I give my permission for the visiting privileges requested in this application.

Signature	Date
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1) Child Details

First Name	Full Middle Name	Last Name	Date of Birth
Relationship to Applicant		Relationship to Resident	
Child has prescription(s) and/or medical devices that must be kept with him/her during visits. If "Yes," choose all that apply:			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Epi Pen (Rx)	<input type="checkbox"/> Inhaler (Rx)
		<input type="checkbox"/> Nitroglycerin (Rx)	<input type="checkbox"/> Oxygen
		<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Assistive Device (Walker, Cane)
			<input type="checkbox"/> Other (Specify) _____

2) Child Details

First Name	Full Middle Name	Last Name	Date of Birth
Relationship to Applicant		Relationship to Resident	
Child has prescription(s) and/or medical devices that must be kept with him/her during visits. If "Yes," choose all that apply:			
<input type="checkbox"/> Yes	<input type="checkbox"/> Epi Pen (Rx)	<input type="checkbox"/> Inhaler (Rx)	<input type="checkbox"/> Nitroglycerin (Rx)
			<input type="checkbox"/> Oxygen
<input type="checkbox"/> No	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Assistive Device (Walker, Cane)	<input type="checkbox"/> Other (Specify) _____

3) Child Details

First Name	Full Middle Name	Last Name	Date of Birth
Relationship to Applicant		Relationship to Resident	
Child has prescription(s) and/or medical devices that must be kept with him/her during visits. If "Yes," choose all that apply:			
<input type="checkbox"/> Yes	<input type="checkbox"/> Epi Pen (Rx)	<input type="checkbox"/> Inhaler (Rx)	<input type="checkbox"/> Nitroglycerin (Rx)
			<input type="checkbox"/> Oxygen
<input type="checkbox"/> No	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Assistive Device (Walker, Cane)	<input type="checkbox"/> Other (Specify) _____

4) Child Details

First Name	Full Middle Name	Last Name	Date of Birth
Relationship to Applicant		Relationship to Resident	
Child has prescription(s) and/or medical devices that must be kept with him/her during visits. If "Yes," choose all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> Epi Pen (Rx) <input type="checkbox"/> Inhaler (Rx) <input type="checkbox"/> Nitroglycerin (Rx) <input type="checkbox"/> Oxygen <input type="checkbox"/> No <input type="checkbox"/> Wheelchair <input type="checkbox"/> Assistive Device (Walker, Cane) <input type="checkbox"/> Other (Specify) _____			

5) Child Details

First Name	Full Middle Name	Last Name	Date of Birth
Relationship to Applicant		Relationship to Resident	
Child has prescription(s) and/or medical devices that must be kept with him/her during visits. If "Yes," choose all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> Epi Pen (Rx) <input type="checkbox"/> Inhaler (Rx) <input type="checkbox"/> Nitroglycerin (Rx) <input type="checkbox"/> Oxygen <input type="checkbox"/> No <input type="checkbox"/> Wheelchair <input type="checkbox"/> Assistive Device (Walker, Cane) <input type="checkbox"/> Other (Specify) _____			

6) Child Details

First Name	Full Middle Name	Last Name	Date of Birth
Relationship to Applicant		Relationship to Resident	
Child has prescription(s) and/or medical devices that must be kept with him/her during visits. If "Yes," choose all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> Epi Pen (Rx) <input type="checkbox"/> Inhaler (Rx) <input type="checkbox"/> Nitroglycerin (Rx) <input type="checkbox"/> Oxygen <input type="checkbox"/> No <input type="checkbox"/> Wheelchair <input type="checkbox"/> Assistive Device (Walker, Cane) <input type="checkbox"/> Other (Specify) _____			

7) Child Details

First Name	Full Middle Name	Last Name	Date of Birth
Relationship to Applicant		Relationship to Resident	
Child has prescription(s) and/or medical devices that must be kept with him/her during visits. If "Yes," choose all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> Epi Pen (Rx) <input type="checkbox"/> Inhaler (Rx) <input type="checkbox"/> Nitroglycerin (Rx) <input type="checkbox"/> Oxygen <input type="checkbox"/> No <input type="checkbox"/> Wheelchair <input type="checkbox"/> Assistive Device (Walker, Cane) <input type="checkbox"/> Other (Specify) _____			

8) Child Details

First Name	Full Middle Name	Last Name	Date of Birth
Relationship to Applicant		Relationship to Resident	
Child has prescription(s) and/or medical devices that must be kept with him/her during visits. If "Yes," choose all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> Epi Pen (Rx) <input type="checkbox"/> Inhaler (Rx) <input type="checkbox"/> Nitroglycerin (Rx) <input type="checkbox"/> Oxygen <input type="checkbox"/> No <input type="checkbox"/> Wheelchair <input type="checkbox"/> Assistive Device (Walker, Cane) <input type="checkbox"/> Other (Specify) _____			

RETURN BY MAIL TO THE FACILITY YOU WISH TO VISIT

Dakota Women's Correctional and Rehabilitation Center (DWCRC)
ATTN: Visiting
440 McKenzie Street
New England, ND 58647

Heart River Correctional Center (HRCC)
ATTN: Visiting
PO Box 5521
Bismarck, ND 58506-5521

James River Correctional Center (JRCC)
ATTN: Visiting
2521 Circle Drive
Jamestown, ND 58401

Missouri River Correctional Center
ATTN: Visiting
PO Box 5521
Bismarck, ND 58506-5521

North Dakota State Penitentiary (NDSP)
ATTN: Visiting
PO Box 5521
Bismarck, ND 58506-5521

North Dakota Youth Correctional Center (ND YCC)
ATTN: Visiting
701 16th Avenue Southwest
Mandan, ND 58554