

# TELEPHONE APPLICATION

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DIVISION OF ADULT SERVICES

SFN 50076 (01-2025)



Resident Last Name	Resident First Name	Resident Number	Today's Date
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## RESIDENT SIGNATURE

My signature below confirms that: 1) I have read and fully understand all information given on this form; and 2) all information I provided in this application is true and correct. I understand that providing false information on this form is grounds for denying telephone privileges.

Signature	Date
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## APPLICANT INSTRUCTIONS (PLEASE PRINT)

1. The family member or friend (Applicant) completing this form must answer accurately and truthfully.
2. All fields must be complete. Failure to complete all fields will result in a denied application.
3. The information on this form will be seen by the Resident, as the Resident must approve all telephone numbers added to their active calling list.
4. The Resident will submit the application to the facility telephone administrator. All applications must come from the Resident.
5. The Telephone Application is available in electronic and fillable/printable formats on the North Dakota Department of Corrections and Rehabilitation (ND DOCR) website at [www.docr.nd.gov](http://www.docr.nd.gov) by clicking "Family & Friends" in the top navigation bar, then clicking "Telephone Calls" in the drop-down menu.

## IMPORTANT RESIDENT TELEPHONE/CALLING INFORMATION

1. All resident telephone calls (local, long distance, attorney, etc.) shall be:
  - Collect calls made at the expense of the person owning the telephone called; or
  - By using prepaid telephone debit minutes purchased by the resident making the call.
2. Telephones must be touch-tone phones (not rotary dialed).
3. No credit card, three-way, 1-800 series, or 1-900 series calls allowed.
4. Call forwarding is prohibited and subject to disciplinary action.
5. Attorneys are required to contact the institution and will be placed on a global list. Any resident will be able to contact global numbers.
6. No information will be given to the general public by authority of the Telephone Records and Privacy Protection Act of 2006.
7. Allow 14 days for application processing and telephone number verification.

## RETURN PRINTED APPLICATIONS BY MAIL, ADDRESSED AS IN THE FOLLOWING EXAMPLES

### For HRCC, JRCC, MRCC, and NDSP Residents

Full Name Address City, State ZIP Code
Resident Legal Name, Resident ID Number Securus Digital Mail Center -- ND Department of Corrections PO Box 21408 Tampa, FL 33622

### DWCRC Residents ONLY

Full Name Address City, State ZIP Code
Resident Legal Name, Resident ID Number Dakota Women's Correctional and Rehabilitation Center 440 McKenzie Street New England, ND 58647

## APPLICANT INFORMATION

Applicant Last Name	Applicant First Name	Relationship To Resident
Physical (Street) Address		
City	State	ZIP Code
Telephone Number To Be Added		

## APPLICANT SIGNATURE

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Signature	Date
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## DO NOT WRITE INSIDE THIS BOX (INTERNAL USE ONLY)

Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently At 20-Number Limit <input type="checkbox"/> Yes <input type="checkbox"/> No	False Information Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved/Denied
Reviewer Comments			