REQUEST FOR MINOR VISITATION APPLICATION

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT SERVICES
SFN 54292 (05-2005)

The policy of the North Dakota Department of Corrections and Rehabilitation/Division of Adult Services states that all visitors, who are minors, will be escorted by their parents or legal guardians. There will be exceptions to this policy made in rare circumstances. In those circumstanaces, this form needs to be completely filled out, signed by the legal parent of the minor and notarized. All spaces must be filled out or the application will be rejected. Parent or Guardian signature must be notarized.

Inmate's Name:

Minor's Name(s)	Age	Date of Birth	Relationship to Inmate

Name of Person bringing in Minor:

Relationship to Minor:

Are they currently approved as a visitor? If no, the individual cannot escort minors until they are approved as a visitor. ☐ Yes ☐ No

Reason the minor has to be brought in by someone other than a parent or legal guardian:

Parent of Legal Guardian:

I give permission to _____ to bring _____ to visit _____, who is an inmate at a North Dakota Department of Corrections and Rehabilitation facility.

Parent or Legal Guardian Name Printed:

Parent or Legal Guardian Signature: | Date:

State of _____

County of _____

Subscribed and Sworn before me, this _____ day of _____, _____.

Notary Public:_____

My Commission Expires: _____

Approved: ☐ Yes ☐ No

Reason Denied: