TELEPHONE APPLICATION
DEPARTMENT OF CORRECTIONS & REHABILITATION
DIVISION OF ADULT SERVICES
SFN 50076 (05-2021)

Application can be obtained at https://www.docr.nd.gov/

Resident's Full Name	Number	Application Date

READ ALL POLICIES ON THIS FORM	All information is true and correct. I understand that providing false information on the questionnaire is grounds for denying the telephone application. I have read and fully understand the information on this form.
Resident's Signature	

This section to be completed by family or friend and all fields MUST be complete. Failure to do so shall result in a denied application. This information will be seen by the Resident as the Resident must approve any telephone numbers added to their active calling list. All applications must come from the Resident. The resident will submit the application to the facility telephone administrator.

Your Full Name			Your Relationship to Resident	
Physical Address	City	State	ZIP Code	Telephone Number To Be Added

READ ALL POLICIES ON THIS FORM	All information is true and correct. I understand that providing false information on the questionnaire is grounds for denying the telephone application. I have read and fully understand the information on this form.
Applicant Signature	

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 prepaid telephone debit minutes purchased by the resident making the call.

2. No credit card, three-way, 1-800 or 1-900 calls are allowed. Call forwarding is prohibited and is subject to disciplinary action.

3. Attorneys are required to contact the institution and will be placed on a global list. Any resident will be able to contact all global numbers.

4. No information will be given to the general public by authority of Telephone Records and Privacy Protection Act of 2006.

5. Telephones must be touch tone phones.

6. Allow 14 days for application processing and telephone number verification.

DO NOT WRITE BELOW THIS LINE

☐ Approved ☐ Denied	Remarks Date Approved/Denied	☐ Currently at 20 number limit ☐ False Information provided