VISITOR'S APPLICATION

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION
ADULT SERVICES DIVISION
SFN 7598 (12-2022)

PLEASE PRINT

RETURN BY MAIL TO:
NDSP
ATTN: Visiting
PO Box 5521
Bismarck, ND 58506-5521

(or)
JRCC
ATTN: Visiting
2521 Circle Drive
Jamestown, ND 58401

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.

Resident You Want to Visit	Resident Number	Application Date

Your Name (First) (Middle Full) (Last Name) (Maiden)	Age	Birthdate (Mo/Day/Yr)

All prior alias and other states of residency	SSN	☐ Male ☐ Female

Please list your children who may be coming in with you who are under the Age of 18.

Name	Relationship to Resident	Date of Birth

Residence Address	City	State	Zip Code	Telephone Number

Your Vehicle	Make	Model	Year	Color	Drivers License No. & State

Relationship to Resident (Father, Mother, Friend, etc.)	Name of any other resident you visit

Are you banned from any other correctional institutions?	☐ No	☐ Yes
Are you currently charged with any crimes or awaiting court proceedings?	☐ No	☐ Yes
Have you been convicted of any crime? (Misdemeanor or Felony)	☐ No	☐ Yes
Are you on probation (supervised or unsupervised)	☐ No	☐ Yes

SEARCHES

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 be lose visiting privileges.

IMPORTANT: PLEASE READ POLICIES ON REVERSE AND SIGN THIS FORM WHERE INDICATED. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

DO NOT WRITE BELOW THIS LINE.

Remarks ☐ ND Courts ☐ NCIC ☐ Alerts ☐ Non-Association ☐ Notification sent to resident

☐ APPROVED ☐ DENIED

Signature of Visiting Control Officer	Date

THIS SECTION IS RECEIPT FOR THE RESIDENT AND THE RESIDENT IS RESPONSIBLE TO NOTIFY THE VISITOR.

To Resident	Visitor

Your request that the above individual be approved for visiting is APPROVED.

Signature of Visiting Control Officer	Date Signed

POLICIES - VISITOR'S APPLICATION

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 and 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 for those under 18 years of age who are supervised by parent or guardian. Failure to produce ID will be grounds ro deny admittance.
3. All visitors will be expected to comply with facility dress code guidelines. These guidelines can be located on the DOCR website: http://www.nd.gov/docr/family/visitation.html. You will be required to successfully clear a metal detector, faillure to do so will result in denial of access.
4. Items allowed to be brought into the visiting room may vary due to the custody level of the facility. Please contact the facility for further details or questions. 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.
5. NORTH DAKOTA CENTURY CODE: SECTION 12-47-21. Alcoholic beverages and controlled substances prohibited - Physician's orders - Use of tobacco - Penalty.
   1. 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.
   2. 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.
   3. 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.
   4. 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.
   5. 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.

The Department of Corrections and Rehabilitation (DOCR) will use the information provided to check criminal history records of the 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 it, visitation may be denied. You have the opportunity to review 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 records are set forth in Title 28 CFR 16.34.

WAIVER OF RESPONSIBILITY AGREEMENT

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 otherwise placed in danger.

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 I have been granted permission to enter the ground and facilities of the North Dakota State Penitentiary or Missouri River Correctional Center or James River Correctional Center only because I realize the dangers and risks involved. Liability rests with myself.

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.

READ ALL POLICIES ON THIS FORM DO NOT ATTEMPT TO VISIT UNTIL NOTIFIED BY THE RESIDENT	All information is true and correct. I understand that providing false information on this questionnaire is grounds for denying visiting privileges. I have read and fully understand the information on the other side of this form. Proper picture identification is required at each visit.
Date Signed	Signature
PARENT OR GUARDIAN CONSENT: I give my permission to this requested visiting privilege.	
Date Signed	Signature