

PLEASE MAIL THE COMPLETED FORM TO THE APPROPRIATE CORRECTIONAL CENTER



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
VISITING APPLICATION

FACILITY _____

Offender _____, DOC # _____, HU# _____
has submitted your name for consideration as a visitor. If you wish to be considered for visits with this offender, please complete this form and return it to the address listed above. The offender will be notified and will be responsible for notifying you of your visiting status. Do not visit until final approval is received. If you have any questions about completing this application, please contact the institution listed above. **ALL QUESTIONS MUST BE ANSWERED IN ORDER TO BE CONSIDERED FOR APPROVAL TO VISIT.**

NAME (LAST) _____ (SUFFIX-Ex. Jr, Sr, II, III) (FIRST) _____ (MI) _____ (MAIDEN) _____ HOME TELEPHONE NUMBER _____ WORK TELEPHONE NUMBER _____
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ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH (MONTH/DAY/YEAR) _____ GENDER MALE FEMALE DRIVER'S LICENSE NUMBER _____ STATE _____ SOCIAL SECURITY NUMBER _____

RELATIONSHIP TO OFFENDER
 SPOUSE FATHER MOTHER SON DAUGHTER BROTHER SISTER GRANDFATHER GRANDMOTHER GRANDSON GRANDDAUGHTER
 STEP FOSTER IN-LAW (Please indicate if your relationship above is STEP, FOSTER or IN-LAW) OFFENDER'S LEGAL GUARDIAN
 UNCLE AUNT COUSIN NEPHEW NIECE
 CLERGY/SPIRITUAL ADVISOR ATTORNEY LAW ENFORCEMENT PARALEGAL SOCIAL WORKER MEDIA
 CUSTODIAN/LEGAL GUARDIAN OF OFFENDER'S CHILD/CHILDREN FRIEND VOLUNTEER OTHER _____

HAVE YOU EVER BEEN FOUND GUILTY, OR PLED GUILTY, TO A CRIME? YES NO (If yes, please explain below)
 Most Recent Conviction Date: _____ Arrest Date: _____ Offense: _____
 County AND State of Conviction: _____ Sentence: _____

DO YOU HAVE ANY CHARGES PENDING? YES NO (If yes, please explain below)
 County AND State: _____ Arrest Date: _____ Offense: _____

ARE YOU CURRENTLY UNDER PAROLE SUPERVISION? YES NO

ARE YOU CURRENTLY UNDER PROBATION SUPERVISION? YES NO TYPE: SIS SES

HAVE YOU PREVIOUSLY BEEN UNDER PROBATION SUPERVISION? YES NO TYPE: SIS SES

HAVE YOU SERVED TIME IN A STATE OR FEDERAL CORRECTIONAL INSTITUTION? YES NO (If yes, please explain below)
 Location: _____ Start Date: _____ End Date: _____
 Type of Release: _____

HAVE YOU EVER BEEN EMPLOYED WITH THE DEPARTMENT OF CORRECTIONS? YES NO (If yes, please explain below)
 Where: _____ Job Title: _____ Employment Begin Date: _____ End Date: _____

HAVE YOU EVER WORKED AS A VOLUNTEER IN CORRECTIONS? YES NO (If yes, please explain below)
 Where: _____ Job Title: _____ Employment Begin Date: _____ End Date: _____

HAVE YOU WORKED AS A STUDENT INTERN IN CORRECTIONS? YES NO (If yes, please explain below)
 Where: _____ Job Title: _____ Employment Begin Date: _____ End Date: _____

HAVE YOU WORKED AS A CONTRACT EMPLOYEE FOR CORRECTIONS? YES NO (If yes, please explain below)
 Where: _____ Job Title: _____ Employment Begin Date: _____ End Date: _____

ARE YOU NOW ON AN OFFENDER'S VISITING LIST? YES NO (If yes, please explain below)
 Other Offender's Name: _____ Other Offender's DOC ID#: _____ Other Offender's Location: _____
 Your Relationship to Other Offender: _____

HAVE YOU EVER BEEN ON ANOTHER OFFENDER'S VISITING LIST? YES NO (If yes, please explain below)
 Other Offender's Name: _____ Other Offender's DOC ID#: _____ Other Offender's Location: _____
 Your Relationship to Other Offender: _____

I AGREE TO COMPLY WITH ALL VISITING REGULATIONS, INCLUDING SEARCH. YES NO

By my signature, I declare that the above information is true. I understand that any misrepresentation or failure to answer these questions may automatically result in the removal of my name from the offender's visiting list or delay approval to visit.

SIGNATURE _____ DATE _____

NOTE Parent or guardian must sign below if the proposed visitor is under 18 years of age. Any visitor under 18 years of age must be accompanied by an adult who is on the approved visiting list.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY
 APPROVED DISAPPROVED NAME AND TITLE _____ DATE _____

COMMENTS _____

FOR OFFICE USE ONLY

REQUESTER	DATE
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MULES

NCIC

BACKGROUND CHECK RESULTS

MULES	NCIC	OTHER
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CHOICES

<input type="checkbox"/> ACTIVE	Active Warrant Exists	<input type="checkbox"/> PAROLE	Parole
<input type="checkbox"/> CLEAR	No Criminal History located - no wants/warrants	<input type="checkbox"/> PEND CHGS	Pending Charges
<input type="checkbox"/> DRUG CONV	Drug Conviction	<input type="checkbox"/> PROBATION	Probation
<input type="checkbox"/> FELONY	Felony Conviction	<input type="checkbox"/> PROTECTION	Order of Protection
<input type="checkbox"/> INV CHILD	Offense Involving Child	<input type="checkbox"/> SEX OFF	Sex Offender
<input type="checkbox"/> MISD	Misdemeanor Conviction only	<input type="checkbox"/> SIS	Suspended Imposition of Sentence
<input type="checkbox"/> MULTIPLE	Multiple Convictions		

IF INFORMATION DIFFERS FROM THE FRONT OF THIS APPLICATION, PLEASE COMPLETE THE FOLLOWING (SELECT ONE CHOICE FOR EACH)

CONVICTED OF A CRIME?
 YES NO PENDING

CHARGES PENDING?
 YES NO

PAROLE/PROBATION?
 PAROLE PROBATION NEITHER BOTH

MULTIPLE CONVICTIONS?
 YES NO

MOST RECENT CONVICTION DATE

ARREST DATE

COUNTY

OFFENSE

SENTENCE

TIME IN CORRECTIONAL INSTITUTION?
 YES NO (If yes, please explain below)

WHERE	START DATE	END DATE
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TYPE OF RELEASE

<input type="checkbox"/> PAROLE	-	RELEASED ON PAROLE STATUS
<input type="checkbox"/> PROBATION	-	RELEASED ON SHOCK PROBATION
<input type="checkbox"/> DISCHARGED	-	DISCHARGED - SERVED SENTENCE

IF DOC EMPLOYEE/VOLUNTEER/INTERN/CONTRACT EMPLOYEE = YES

WHAT IS THE VISIT ELIGIBILITY DATE?

PROCESSED BY (OPERATOR)	DATE
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