**M.D.O.C. VISITING APPLICATION** CAJ-103 ■ REV. 03/15 ■ 4835-0103

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| Prisoner Name | | **A** |
|  | | |
| (Last)  Prisoner Number | (First) (Middle) | |
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| Instructions For Visitors Filling Out This Application  This is an application to visit a prisoner in a Michigan correctional facility. All questions in section A and B must be answered. If a question does not apply, write Not Applicable on the line. ALL questions in Section C must be checked YES or NO. If you check YES, you must supply the requested information. All entries on this form must be clearly printed and legible. This form must be legibly signed and dated as indicated in Section D. Forms that are not legible will not be processed. Section E must be completed if applicant is a minor. Do not complete Section F. Mail the completed application to the mail room or deliver to the information desk of the facility you are requesting to visit. Do not mail the application to the prisoner.  Including a self-addressed-stamped envelope when this application is returned will ensure that you receive notification of your approval or denial to visit. Without a self-addressed-stamped envelope, you will be notified only if your application is denied. | | |
| YOUR DRIVER LICENSE # / OR State ID # /  (State) (Number) (State) (Number)  **Your Full Name (Please print)**  (Last) (First) (Middle)  **Your Address**  (Street) (Apt. #)  (City) (State) (Zip)  **Your Date and Place of Birth** / / **(City) (State)**  (Mo./Day/Yr.)  List ALL other names you have used (including aliases, maiden name, and names by previous marriages) CHECK ONE  (Last) (First) (Middle) MALE **B**  (Last) (First) (Middle)  (Last) (First) (Middle) FEMALE  **Your relationship to the prisoner**  (Are you the parent, grandparent, stepparent, spouse, child, sibling, father/mother-in-law, stepchild, grandchild, stepbrother/sister, etc.) | | |
| Are you now or have you ever been a MDOC employee or provider of contractual services to the MDOC? YES NO  Work location Are you a prisoner or a former prisoner who was incarcerated in a state or federal prison in any jurisdiction? YES NO  If so, what city & state Date  Ever been restricted from visiting a prisoner? YES NO Prisoner name & number  Date & reason for restriction  **C**  Are you currently on Parole / Probation for a felony? YES NO What city & state  Have you ever been convicted of a FELONY? YES NO When (mo. /yr.) City & state Conviction (List all convictions • use additional paper if necessary) | | |
| **I SUBMIT THAT ALL OF THE INFORMATION IS TRUE** |  | **D** |
| SIGNATURE OF VISITOR APPLICANT DATE |
| TO BE COMPLETED IF VISITOR IS A MINOR (unless emancipated)  I submit that above named minor is a child, stepchild, grandchild, sibling, half-sibling, or step-sibling of this prisoner. I also understand that all children  **E**  must be accompanied by an adult immediate family member or a legal guardian of the child.  **I SUBMIT THAT ALL OF THE INFORMATION IS TRUE**  SIGNATURE OF THIS CHILD’S NON-INCARCERATED PARENT OR LEGAL GUARDIAN  **NOTE: A COPY of the minor’s birth certificate, certificate of adoption or court order establishing paternity must be submitted with this application. These copies of documents will not be returned but will be destroyed when the verification process is complete. An original or a certified true copy of birth certificate, certificate of adoption, a court order establishing paternity or a valid picture ID of the minor must be presented at each visit.** | | |
| STAFF USE ONLY (Type or Print Legibly)  Facility MDOC Visiting Application processed at Self-addressed-stamped envelope included? Yes No Checks completed On Visitor List PSI reviewed LEIN completed Application complete Date received Signature of Reviewer Date  Application APPROVED DENIED Approved / Denied by Date  **F** Warden’s Signature (if applicant is a prisoner, former prisoner or is on parole or probation)  Reason for denial Other comments  If you have been denied access to a corrections facility because of criminal history information obtained from the LEIN network, You may inquire about outstanding warrants by appearing at a police department and presenting identification.  You may obtain a copy of your Michigan criminal history record at [www.michigan.gov/ichat.](http://www.michigan.gov/ichat) There is a fee for this service.  Entered in Visitor Tracking  (Initials) (Date) | | |

NOTE: If form copied from the MDOC website, duplication and distribution by reviewing facility is required after the approval process is complete. Distribution:  Institution Record Office File  Counselor File  Information Desk  Visitor