

**Instructions For Visitors Filling Out This Application**

This is an application to visit an Offender 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 Offender.** Providing an e-mail address or 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 or an e-mail address, you will be notified only if your application is denied.

**The MDOC uses the information you are providing in this application to perform a LEIN background check. The MDOC uses LEIN information to make approval/denial decisions.** Your signature in Section D or E indicates that you certify that you are the individual completing this visiting application and that all information provided is true, accurate, and complete to the best of your knowledge. You acknowledge that any false or misleading information may result in the denial of your application and may subject you to legal action. Your application submission constitutes your legally binding signature.

**Offender Number:** \_\_\_\_\_ **Offender Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**A**

**Identification:** (Provide all that are applicable from the list below, include identification numbers for any checked identification forms)

- Birth Certificate \_\_\_\_\_  Certificate of Adoption \_\_\_\_\_  Military Identification \_\_\_\_\_
- Legal Guardianship Order \_\_\_\_\_  Court Order Establishing Paternity \_\_\_\_\_
- Driver License / Identification Card  Passport
- Michigan  Non-Michigan \_\_\_\_\_  U.S.  U.S. Passport Card  Non-U.S. \_\_\_\_\_

**Qualified Clergy:** Organization/Group \_\_\_\_\_ Verification Letter Attached  Yes  No

**Outreach Volunteer:** Organization/Group \_\_\_\_\_

**Visitor Information:**

**B**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 DOB \_\_\_/\_\_\_/\_\_\_ Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_  
(Mo./Day/Yr.)

Gender  Female  Male Race  American Indian or Alaskan Native  Asian  Black or African American  Latino  
 Middle Eastern/North African  Native Hawaiian or Other Pacific Islander  White

**Relationship:** (Select only one option)

- Adoptive Father  Adoptive Mother  Aunt  Aunt/Surrogate of Offender
- Brother  Brother-In-Law  Clergy  Cousin
- Daughter  Daughter-In-Law  Father  Father-In-Law
- Former Spouse  Foster Brother  Foster Daughter  Foster Father
- Foster Mother  Foster Sister  Foster Son  Friend
- Granddaughter  Grandfather  Grandmother  Grandson
- Great Granddaughter  Great Grandfather  Great Grandmother  Great Grandson
- Legal Guardian  Half Brother  Half Sister  Mother
- Mother-In-Law  Nephew  Nephew-in-law  Niece
- Niece-In-Law  Outreach Volunteer  Sister  Sister-In-Law
- Son  Son-In-Law  Spouse  Stepbrother
- Stepdaughter  Stepfather  Stepmother  Stepsister
- Stepson  Uncle  Uncle/Surrogate of Offender

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

Address:

U.S. Address

Non-U.S. Address

Address Line 1 \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Country U.S.A. County \_\_\_\_\_

Phone Number  Business  Cell  Home \_\_\_\_\_ Email Address \_\_\_\_\_

List ALL other names you have used (including aliases, maiden name, and names by previous marriages)  N/A

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Are you now or have you ever been a MDOC employee or provider of contractual services to the MDOC?  Yes  No

C

Job Position \_\_\_\_\_ Work location \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Are you an Offender or a former Offender who was incarcerated in a state or federal prison in any jurisdiction?  Yes  No

City \_\_\_\_\_ State \_\_\_\_\_ Your Offender Number \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Ever been restricted from visiting an Offender?  Yes  No \_\_\_\_\_

Offender Name \_\_\_\_\_ Offender Number \_\_\_\_\_ Date \_\_\_\_\_

Prison Location \_\_\_\_\_ Reason for Restriction \_\_\_\_\_

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)

E

I submit that above named minor is a child, stepchild, grandchild, sibling, half-sibling, or step-sibling of this Offender. I also understand that all children 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 \_\_\_\_\_ Date \_\_\_\_\_

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)

F

Facility MDOC Visiting Application processed at \_\_\_\_\_ Self-addressed-stamped envelope included?  Yes  No

Date Received \_\_\_/\_\_\_/\_\_\_ Application Received  Web Application  In-Person  US Mail  Email

Date Sent \_\_\_/\_\_\_/\_\_\_ Response Sent  Email  US Mail

Checks Completed  On Visitor List  PSI reviewed  Application Complete  LEIN Completed LEIN Date \_\_\_/\_\_\_/\_\_\_

Outreach Volunteer Verified Verification Date \_\_\_/\_\_\_/\_\_\_

Signature of Reviewer \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Application:  APPROVED  DENIED Approved / Denied by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Warden's Signature (if applicant is an Offender, former Offender 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. There is a fee for this service.

Note: The MDOC uses LEIN information to make approval/denial decisions. The MDOC does not have the ability to change/modify LEIN information.

Entered in Visitor Tracking: \_\_\_\_\_ / \_\_\_/\_\_\_ (Print Name) (Date)

Entered in Scheduling Platform: \_\_\_\_\_ / \_\_\_/\_\_\_ (Print Name) (Date)

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