M.D.O.C VISITING APPLICATION

CAJ-103 ■ REV. 02/2025 ■ 4835-0103

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.

A

Offender Number: _____ **Offender Name:** _____
(Last) (First) (Middle)

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 __/__/____ (Mo./Day/Yr.) Birth City _____ Birth State _____ Birth Country _____

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

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Address:

☐ U.S. Address

Address Line 1 _____

Address Line 2 _____

City _____

State _____ Zip Code _____

Country U.S.A. County _____

☐ Non-U.S. Address

Address Line 1 _____

Address Line 2 _____

City _____

Country _____

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) _____

C

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

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)

D

I SUBMIT THAT ALL OF THE INFORMATION IS TRUE _____

SIGNATURE OF VISITOR APPLICANT Date

E

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 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.

F

STAFF USE ONLY (Type or Print Legibly)

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: _____ ___/___/_____ **Entered in Scheduling Platform:** _____ ___/___/_____

(Print Name) (Date) (Print Name) (Date)

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