MICHIGAN DEPARTMENT OF CORRECTIONS

Visiting Application – Attorney/Legal, Child Welfare & Government Employee

CAJ-1069
Rev. 04/2025

This is an application to visit in your professional capacity with a prisoner confined to the Michigan Department of Corrections. This application must be completed to enter your name and relationship into the Departmental Visiting System so that a record of your visits may be maintained. Please include identification information for the prisoner you will be visiting. Please answer all questions, incomplete applications cannot be processed. Please note a separate **Law Enforcement Information Network clearance will be required for Legal Representatives and Child Welfare workers except those who are employed by a Government Agency. (Form CAJ-1037).**

Your Professional # _____ OR Employee Identification # _____

Your Profession ☐ Attorney/Legal Representative ☐ Child Welfare ☐ Other Government Agency

Your Gender ☐ Male ☐ Female

Your name as it appears on your professional credentials

_____ _____ _____
(Last) (First) (Middle)

Agency/Office or Attorney you represent _____

Your Business/Professional Address

_____ _____ _____ _____
(Street) (City) (State) (Zip)

Business E-Mail Address _____

Business Phone Number _____

Prisoner you will be visiting/meeting with (note: if your clients include more than one prisoner who are housed at this same facility, please include their names and identification numbers on a separate sheet and send along with this application to the facility where they are housed).

_____ _____ _____ _____
(Last) (First) (Middle) (MDOC ID#)

I SUBMIT THAT ALL INFORMATION IS TRUE

_____
(Signature of Applicant)

STAFF USE ONLY (Type or Print Legibly)

Application processed at _____

Checks Completed

☐ On Visiting List ☐ Prisoner added visitor to list or ☐ Staff added visitor to list
☐ Application complete ☐ CAJ-1037 LEIN Request included if appropriate
☐ LEIN completed (Non-Government affiliated Legal Representative or Non-Government affiliated Child Welfare staff only)

Date application received _____

Application ☐ Approved ☐ Denied Approved/Denied by _____ Date _____

Reason for denial _____

Other comments _____

If you have been denied access to a corrections facility because of criminal history 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.

Entered in Visitor Tracking _____ Initials Date

Entered in Visit Scheduling Program _____ Initials Date

Distribution: ☐ Institution Record Office ☐ Information Desk ☐ Applicant/Visitor