

## DEPARTMENT OF CORRECTIONS VISITING / CORRESPONDENCE QUESTIONNAIRE

Inmate \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

The inmate listed above has requested that your name be placed on his correspondence/visiting list. If approved, this will authorize you to visit him at a Department of Corrections - State of Montana correctional facility and may authorize you to mail/place money (U S Postal money order only) on his inmate account. You can also place money on his account electronically by going to [www.inmatetrust.com](http://www.inmatetrust.com) and creating an e-pass account.

Please complete entire form, failure to answer, or provided complete information, to each question will result in application being denied. One (1) form must be completed for each adult. Minor child(ren) must be listed on the same form as their legal guardian. Criminal background checks will be completed on each form.

No matter which facility the inmate resides at, all completed forms must be mailed to, Mail Technicians, 400 Conley Lake Road, Deer Lodge MT 59722. It takes approximately 30 days, after receipt, for the form to be processed.

If your address changes please notify the MSP Mail Department, in writing, at the above address and list the name (s) of the Inmate (s) who's list you are on.

Department of Corrections facilities conduct periodic emergency preparedness drills (that may interrupt visiting) designed to ensure everyone knows what to do if an emergency situation arises, and provide for your safety during an emergency. If an emergency arises while you are visiting please follow instructions and do not leave the visiting area on your own, facility staff will escort you to a secure location as soon as they are cleared to. Your safety is our concern.

The complete Montana Department of Corrections policies covering this subject can be found at the following website [www.cor.mt.gov](http://www.cor.mt.gov)

If you have questions regarding the visiting process you can call 406-846-1320 ext.2503.

The inmate listed above has requested that your name be placed on his correspondence/visiting list. If **Note: You are not authorized to be on multiple lists unless you are immediate family to both inmates. If you choose not to be removed you are not eligible for visiting privileges and you must submit in writing to MSP Mailroom Technicians that you wish to be removed and there will be a 90 day waiting period before you are able to submit a new visiting questionnaire.**

1 NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

2 ADDRESS \_\_\_\_\_ SOC. SECURITY # \_\_\_\_\_

PO BOX NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

3 YOUR RELATIONSHIP TO THE INMATE (Check appropriate designation)

- Mother                       Son                       Wife                       Brother
- Father                       Daughter               Grandparent           Sister
- Other

4 HAVE YOU VISITED UNDER ANY OTHER NAMES?       Yes                       No

If yes, list name(s): \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE MONTANA DEPARTMENT OF CORRECTIONS OR ANY OF THEIR CONTRACTED FACILITIES?

5 If yes, list facility name and position: \_\_\_\_\_

6 ARE YOU ON ANOTHER INMATE'S VISITING LIST?                       YES                       NO

Note: You are not authorized to be on multiple lists unless you are immediate family to both inmates. If you choose not to be removed you are not eligible for visiting privileges.

7 YOUR OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_

8 YOUR MINOR CHILDREN (visiting form will not be approved unless a social security number is provided for each)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

Their relation to inmate: \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

Their relation to inmate: \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

Their relation to inmate: \_\_\_\_\_

9 ARE THE MINOR CHILDREN CURRENTLY UNDER COURT ORDERED SUPERVISION?       S                       N

Probation Officers Signature \_\_\_\_\_ Phone \_\_\_\_\_

10 HAVE YOU BEEN CITED FOR VISITING ROOM INFRACTIONS/VIOLATIONS?       S                       N

If yes, what type of infraction: \_\_\_\_\_ Date of Infraction: \_\_\_\_\_

11 HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY OR MISDEMEANOR?       YES       NO

If yes, list them below

OFFENSE	APPROXIMATE DATE	DISPOSITION ( JAIL, PRISON, PROB)
_____	_____	_____
_____	_____	_____
_____	_____	_____

12 DO YOU CURRENTLY HAVE ANY FELONY CHARGES PENDING?       YES       NO

13 ARE YOU PRESENTLY ON PROBATION/PAROLE?  YES  NO

Name of Probation/Parole Officer \_\_\_\_\_ Phone # \_\_\_\_\_

His/her address \_\_\_\_\_

Authorization of Probation/Parole Officer \_\_\_\_\_

How long have you been released from prison \_\_\_\_\_

**Note:** If you are an attorney of record, you need to fill out the following section:

Firm name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

14 I certify that the above information is true and does not contain misleading statements. I further understand that by certifying the above, if incorrect, I may be later denied visiting and mailing privileges. By signing this form I also give my consent to a criminal background check.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THIS SECTION IS FOR OFFICIAL USE ONLY**

- The applicant is currently on another inmate's visiting / correspondence list.
- The applicant did not supply proof of marriage. May resubmit with proof of marriage
- The applicant did not submit complete information. See # \_\_\_\_\_
- The applicant did not sign the form.
- The applicant has pending disposition of charges. Questionnaire may be reviewed upon notification of disposition of charges.
- The applicant is a parole/probationer and did not have their Probation/Parole Officer sign the form.
- The applicant provided false information regarding their criminal history.
- The applicant does not have 2 years/6 months satisfactory community adjustment.
- Resubmit after: \_\_\_\_\_
- The applicant is a former MSP, DOC, or contracted facility employee
- Other: \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Processed \_\_\_\_\_

**APPLICANT APPEAL**

Instructions: If you disagree with the decision above, you may appeal the decision to the Chief of Security by completing this section of the form, fully explaining why you are appealing, and mailing the completed form to:

**Montana State Prison; Second Shift Captain; 600 Conley Lake Rd., Deer Lodge, MT 59722 (the decision of the 2nd shift Captain is final and no further appeal is available)**

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CAPTAIN OR DESIGNEES RESPONSE**

Is there sufficient evidence and documentation to support the decision?  YES  NO

Is there substantial staff compliance with applicable procedures?  YES  NO

**Decision**

- Affirm. I uphold the decision. Visiting status will not change
- Dismiss. I overturn the Visiting Supervisor's decision for the following reasons:

Visitation Status is :  Approved  Disapproved As of \_\_\_\_\_