



Please attach a **COPY** of your  
Drivers License. Thank You.

**CROSSROADS CORRECTIONAL CENTER VISITATION APPLICATION**

Return to Visitation Officer \_\_\_\_\_

Date of Application \_\_\_\_\_

Inmate Name \_\_\_\_\_

AO Number \_\_\_\_\_

The above mentioned inmate has requested that you be added to his approved visitation list for visits/ sending him money orders. If you desire to be placed on his visitation list, please complete all questions on this application in accordance with our rules and regulations in the attached policy. Please complete this application and mail back to: Crossroads Correctional Center, 50 Crossroads Drive, Shelby, MT 59474. **Please read the attached Visitation Policy carefully and retain for your records. Any violations will result in termination of the visit to include the possibility of termination of future visits.** One application needs to be completed for each adult (18 years and older). All minor children are to be listed on the back of this page to include the relationship of the child to the inmate, and a birth certificate submitted.

The approval takes approximately 30 days to process the application after the date the facility receives the application. A criminal history check will be completed prior to approval and/or admission to the institution.

If your address and/or phone number changes, please notify the Visitation Officer via mail with said changes. Also, name changes (due to marriage, divorce, etc.) need to be verified by the submission of a notarized copy of the legal document supporting the change. The birth of a child will have to be verified with the submission of notarized copy of the birth certificate with an explanation as to the relationship of the child to the inmate.

NOTE: Only immediate family members (Mother, Father, Sister, Brother, Son, Daughter, Grandmother, Grandfather, Wife, Husband) will be allowed to send in money orders as long as they have submitted an application and are approved for visitation, exceptions must be approved by the warden. Only in the case where the inmate has not immediate family will the inmate be able to designate one person (other than a family member) to send in money orders. The money orders are to have the inmate's name and AO# on it, are to be sent to the inmate and will be deposited in the inmate's account through the Business Managers Office.

**PLEASE PRINT OR TYPE IN BLACK INK THE FOLLOWING INFORMATION  
(ANY OMISSION WILL RESULT IN THE DENIAL OF YOUR APPLICATION)**

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_
2. Maiden Name or Other Legal Names/Aliases Used in the Past \_\_\_\_\_
3. Place of Birth (City, State, Country) \_\_\_\_\_ SSN \_\_\_\_\_
4. Street Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_
5. Mailing Address (If different then above) \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_
6. Relationship to Inmate (Circle One) Mother Father Son Daughter Wife Husband Grandmother Grandfather  
Brother Sister Other (You must indicate – Common-Law marriage is not recognized) \_\_\_\_\_

7. Do you visit other inmates? YES NO Name(s) and AO#'s \_\_\_\_\_  
 \_\_\_\_\_

NOTE: If you are an attorney of record, you will need to complete this section only on this application.

8. Firm Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Are you a member of the Montana Bar Association? YES NO Card Number \_\_\_\_\_

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 Your Minor Children (Please make sure to indicate the relationship of the child(ren) to the Inmate)

| NAME  | DATE OF BIRTH/AGE | RELATIONSHIP TO THE INMATE |
|-------|-------------------|----------------------------|
| _____ | _____             | _____                      |
| _____ | _____             | _____                      |
| _____ | _____             | _____                      |

9. Are the minor children currently under court ordered supervision? YES NO  
 Probation Officer Signature \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

10. Have you ever been cited for visiting violations? YES NO  
 Type of Infraction/Disposition \_\_\_\_\_

11. Have you ever been arrested/convicted of a Misdemeanor and/or Felony? YES NO

| OFFENSE | APPROXIMATE DATE | DISPOSITION (JAIL, PRISON, PROBATION, ETC.) |
|---------|------------------|---------------------------------------------|
| _____   | _____            | _____                                       |
| _____   | _____            | _____                                       |

12. Do you have any current charges pending? YES NO Explain \_\_\_\_\_  
 \_\_\_\_\_

13. Are you currently on parole or probation? YES NO Where \_\_\_\_\_  
 Signature of Parole/Probation Officer \_\_\_\_\_  
 Name of Parole or Probation Officer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number( ) \_\_\_\_\_  
 How long have you been released from prison? \_\_\_\_\_

14. Have you applied for Visitation before? If Yes, please include date \_\_\_\_\_

I certify that the information provided is true and does not contain any misleading statements. I further understand that by certifying the information, if found to be incorrect, I may later be denied visiting and mailing privileges. I have received and read the attached Visitation Policy. By signing this form I also give my consent to a criminal background check.

**PLEASE ATTACH A COPY OF YOUR STATE OR FEDERAL PHOTO ID (DRIVERS LICENSE, MILITARY ID, RESERVATION ID, ETC.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

\_\_\_\_\_ Incomplete Information Question(s) \_\_\_\_\_

\_\_\_\_\_ Not Signed

\_\_\_\_\_ Pending Disposition of Charges (Upon notification of disposition of charges, questionnaire may be reviewed)

\_\_\_\_\_ Probation/Parole Officer Signature Needed

\_\_\_\_\_ Already on Another Inmates' Correspondence and Visitation List

\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

Disapproved \_\_\_\_\_

Date \_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_