MINNESOTA DEPARTMENT OF CORRECTIONS Visiting Privilege Application Form

Do not attempt to visit until notified by the offender that your application to visit has been approved.

Applications can take several weeks to process. Your patience is appreciated.

ALL AREAS OF THE APPLICATION MUST BE COMPLETED IN BLACK INK OR THE APPLICATION WILL BE REJECTED. FAXES ARE NOT ACCEPTED

ALL FORMS OF COMMUNICATION ARE SUBJECT TO MONITORING

The information requested on this form will be used by the institution to determine whether or not to approve you to enter the institution as a visitor. You are not legally required to provide this information, but failure to do so may result in not allowing you to enter the institution. A check with law enforcement will be made to find out whether or not you have a criminal record. Whether you are approved or not, this form will be kept on file. The result of the criminal history check is destroyed. The only persons or agencies who will have access to this information will be those who have legal access to private or confidential data maintained by the Minnesota Department of Corrections.

MSA 243.55 CONTRABAND ARTICLES; EXCEPTIONS; PENALTY Subdivision

1. Any person who brings, sends, or in any manner causes to be introduced into any state correctional facility or state hospital, or within or upon the grounds belonging to or land controlled by any such facility or hospital, any controlled substance as defined in section 152.01, subdivision 4, or any firearms, weapons, or explosives of any kind, without the consent of the Warden thereof, shall be guilty of a felony and, upon conviction thereof, punished by imprisonment for a term of no less than three, nor more than five years. Any person who brings, sends, or in any manner causes to be introduced into any state correctional facility or within or upon the grounds belonging to or land controlled by the facility, any intoxicating or alcoholic liquor or malt beverage of any kind without the consent of the Warden thereof, shall be guilty of a gross misdemeanor. The provisions of this section shall not apply to physicians carrying drugs or introducing any of the above-described liquors into such facilities for use in the practice of their profession; nor to sheriffs or other peace officers carrying revolvers or firearms as such officers in the discharge of duties. All persons and their belongings entering this institution or upon the grounds thereof may be subject to search for contraband articles at any time. Admittance will be denied to anyone refusing to subject their person or belongings to a search.

A victim or criminal accomplice/co-defendant of an offender's active/current offense is prohibited from visiting the incarcerated offender.

All adult visiting applications for every facility are processed at MCF-Rush City

MCF-Rush City Attn: Visiting Unit 7600 525th Street Rush City, MN 55069

Visiting Applications for Red Wing Juveniles are sent to Red Wing

MCF-Red Wing Attn: Visiting Unit 1079 Highway 292 Red Wing, MN 55066

For Office Use Only
Facility:
Victim:

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Please Print					
Offender:				OID#	
Visitor: Last	First		Middle		
Last DOB:	First Gender:	7	Full Middle	Maiden Nam	e/All Aliases
Address:				Apt./Unit	
City:		State:	Zip Code:		
Phone Number: ()_	Relo	ationship to	Offender (e.g., Mot	her, Friend):	
Anyone under 18 y A copy of each minor's state/a accepted at the time of visit. T be accepted. If an adult other the child's custodial parent/gue Full name and date of birth	he hospital's Heirloom B than the parent or lego ardian must accompan	must be sent Birth Certifica al guardian e by the birth ce	with the visiting appli- te, or Crib Card, is no escorts a minor, a note ertificate or guardians	cation. Birth certific t an official documo arized Minor Escort I	ates will not be ent and will not
Minor's Full Name:	DOB		Minor's Full Name	:	DOB:
 Do you have any Non-Contententententententententententententen	r's visiting list at any MN ed from a state or federa e or release status? r agent's name and/or a	correctional al correction	facility? al facility? phone number below	No	*** ***
Type of ID - Enter ID Number: A Driver's license or ID Card from ***Photocopy of ID or Driver's L	state/territory of reside	nce #:			
Valid military ID #: Minnesota Tribal ID-Tribe:		ula Co <u>nsular</u> port #:	ID #:		
	NFORMATION IS TRUE A MATION ON THIS FORM If application is	IS GROUNI			
FOR OFFICE USE ONLY					
Received Crimin	nal History Check Cor	mpleted on			
Approved Denie	od Staff Ir	nitials			