NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR VISITING PRIVILEGES

PLEASE READ THE FOLLOWING MATERIAL CAREFULLY

By completion of this application you are requesting visitation privileges within the North Carolina Prisons. We must first obtain and confirm the information requested on both sides of this form. If this application is missing information essential to processing this request, you will be so informed by the inmate, and the request will receive no further consideration until the missing information is provided. It is the responsibility of the inmate to notify you of your approval to visit. Do not attempt to visit before approval. An application must be completed for all adults and minor children. Photocopies of this application will not be accepted. It is the visitor’s responsibility to re-submit an updated application with any changes in the visitor’s information. Failure to disclose updated information may be grounds for denying visiting privileges.

All visitors will be required to present their approved designated photo identification prior to each visit with the inmate. Children under the age of 16 are not required to present a photo identification. Minors under the age of 18 must be escorted by an adult. All visitors (adults and minors) may be subject to a routine search as explained in Prisons, Policy and Procedures F.0100, Operational Searches. All personal effects including handbags, diaper bags, cameras, recording devices, boxes, cell phones, pagers, and weapons must remain outside the facility. Under G.S. 14-258.1, it is a felony for anyone to bring any quantity of illegal drugs onto prison property and/or deliver illegal drugs to an inmate. The N.C. Department of Public Safety has the right to conduct drug interdictions at any N.C. prison facility. Anyone found in possession of illegal drugs on prison property or anyone who delivers or attempts to deliver illegal drugs to an inmate may be arrested and charged with a felony and have their visiting privileges permanently suspended from all prison facilities. Anyone refusing to cooperate with a drug interdiction, including the searching of their vehicle, property, and person may have their visiting privileges permanently suspended from all prison facilities. Visiting privileges may also be suspended or revoked for delivering or attempting to deliver contraband to an inmate.

It is the responsibility of the inmate to notify all approved visitors when the inmate’s visitation privileges have been changed, revoked or suspended due to housing, disciplinary or control status changes.

BY SIGNING BELOW, I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS. I ATTEST THAT THE INFORMATION ON THE REVERSE SIDE IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS FORM OR PRESENTING FALSE IDENTIFICATION WILL BE GROUNDS FOR DENYING VISITING PRIVILEGES AND IF APPROVED TO VISIT, I OR THE MINOR CHILD UNDERSTAND AND AGREE TO ABIDE BY THE VISITING GUIDELINES ESTABLISHED BY THE PRISONS.

Print Name ___________________________ Date ___________ Signature ___________
If under 18, parent or legal guardian must sign.

APPLICATIONS MUST BE RETURNED TO FACILITY SUPERINTENDENT. DO NOT RETURN TO THE INMATE.

If you do not furnish ALL the information requested, your application may be denied resulting in denial of visiting privileges. If you are approved to enter the facility, this form will be kept on file and subject to verification as to the correctness of the information at any time. 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 Prisons.

<table>
<thead>
<tr>
<th>PRISONS USE ONLY</th>
<th>Approved/Denied</th>
<th>Staff ID</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff ID</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Record Check</td>
<td>Staff ID</td>
<td>Date</td>
<td>Visitor #</td>
</tr>
</tbody>
</table>
NORTH CAROLINA PRISONS
APPLICATION FOR VISITING PRIVILEGES

APPLICANT INFORMATION
Please print
New Application ______ Update Previous Application ______
Applicant Legal Name: __________________________ / __________________________ / __________________________ / __________________________

Last Name First Name Middle Name Maiden Name

Name of Parent/Legal Guardian if Minor __________________________ Relationship to Minor __________________________

Date Of Birth ______ / ______ / ______ Copy of Birth Certificate must be attached to application for minors under the age of 16.

Race: ______ Sex: ______ Applicant’s Valid Driver License ID #: __________________________ State ______ Expires ______

Copy of the Driver License issued by State Division of Motor Vehicles must be attached to this application.

Street Address: __________________________________________________________

Street Apt. # City State Zip Code

Mailing Address: __________________________________________________________

If Different From Street Address Daytime Phone: ( ) ______ - ______

Evening Phone: ( ) ______ - ______

Additional/Cell: ( ) ______ - ______

Employer Information:
Name: __________________________ Address: __________________________ Phone #: __________________________

Street City/State/Zip

Inmate’s Name: __________________________ Inmate’s #: __________________________

Only one inmate per application

Relationship to the Inmate: __________________________

(Mother, Father, Sister, Brother, Son, Daughter, Friend, etc)

Please Answer the Following Questions If additional space is needed, please attach a separate sheet to this application.
Are you or the minor child listed above, a victim of this inmate’s current/prior crime? No Yes

Have you ever been an employee/volunteer/work release employer at any N.C. correctional facility? No Yes

If YES, When ______ Where ______

Have you ever been an inmate housed in any N.C. correctional facility? No Yes

If YES, Facility Released From ______ Date of Release ______

Are you NOW or have you ever been on probation, parole, or supervised release? No Yes

If YES, Date Probation, parole, or supervision ended or ends ______

Have you ever been convicted of a crime? (do not include minor traffic tickets) No Yes

Do you have ANY PENDING CHARGES against you? No Yes

If YES, Details ______

Have you ever been denied visiting privileges at any N.C. correctional facility? No Yes

If YES, Inmate Name ______ Why ______

Are you on another inmate’s visiting list at another N.C. correctional facility? No Yes

IF YES: ________________ ________________ ________________ ________________

Inmate Name Inmate # Relationship Facility

GOVERNMENT IDENTIFICATION REQUIRED TO VISIT: If a valid State Driver License was not listed above, the applicant must
circle ONE of the three government issued identifications listed below that you will present when visiting. Enter ID number and expiration date
in the space provided. You must submit a legible copy of the ID you have chosen with this application for processing. (Children under
16 are required to provide a Birth Certificate.)

1. Valid Photo ID Card from State of Residence ID#: ________________ State: ______ Expires: ______

(This MUST be a card issued by Division of Motor Vehicles)

2. Valid Military Photo ID (Active Duty Only) ID#: ________________ Expires: ______

3. Valid Passport or Matricula Consular ID#: ________________ Expires: ______

DID YOU REMEMBER TO: SIGN THE APPLICATION, ATTACH A LEGIBLE COPY OF THE PHOTO ID OR
BIRTH CERTIFICATE, ANSWER ALL THE QUESTIONS ABOVE, INDICATE YOUR RELATIONSHIP TO
THE INMATE.