



DAKOTA WOMEN'S CORRECTIONAL REHAB CENTER

A Division of the Southwest Multi-County Correction Center

Visitor Application

440 McKenzie Street
New England, ND 58647

Telephone: 701-579-5100
Fax: 701-579-5101

Inmate you would like to visit				Inmate Number	Application Date
Your Name-(First)	(Middle)	(Last)	(Maiden)	Age	Your Birth Date (MM/DD/YYYY)

Please list any children that may be coming in with you to visit who are under the age of 16.

Child's Name		Relationship to Inmate			Date of Birth		
Address		City			State	Zip Code	Telephone Number
Your Vehicle:	Make	Model	Year	Color	Driver's License Number	State DL Issued by:	Social Security Number
Relationship to Inmate:					Name of other inmates you visit		
Are you banned from any other correctional institution? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list.							
Are you currently charged with any crimes or awaiting criminal court proceedings? <input type="checkbox"/> No <input type="checkbox"/> Yes-List below or on separate sheet.							
Are you currently on probation (supervised or unsupervised)? <input type="checkbox"/> No <input type="checkbox"/> Yes-List charge(s) below, or on separate sheet.							
Offense(s)	State and County		Approximate Date		Sentence (Jail, Prison, Probation, Ect)		

Please read ALL information on the back of this form and sign in the proper areas.

SEARCHES

Any individual entering the institution or its grounds may be subject to search at any time for contraband articles. This also applies to their personal property. Anyone refusing to submit to search will be denied admittance. If contraband is found, the institution may detain the individual for a reasonable amount of time. Searches are not intended to embarrass or degrade any individual, nor are they intended to cast doubt on the integrity of the individual. The institution has found through experience that it is necessary to conduct searches for contraband to adequately provide a safe and secure institution for inmates, staff and visitors. A refusal to allow a search may result in loss of visiting privileges.

If an inmate is found in possession of contraband upon completion of a visit, the visitor(s) may be banned pending investigation by the institution and/or permanently banned.

IMPORTANT: PLEASE READ POLICIES ON REVERSE AND SIGN THIS FORM WHERE INDICATED. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

DWCRC Visitor Application-Policies

1. No one under the age of 18 will be permitted to visit unless they are accompanied by their parent or legal guardian. Special permission must be granted by the Security Coordinator or designee for other circumstances, and written consent must be given by the child's parent or legal guardian.
2. Official photo identification will be required for all persons entering the facility except for those under the age of 16 who are supervised by a parent or guardian. Failure to produce ID will be grounds to deny admittance. Photo ID's will be left in the Control Room upon check-in.
3. Visitors and inmates are to be dressed in proper clothes before entering the visiting room. Proper clothing includes underwear, bra, shoes, shirts, blouses, slacks, jeans, skirts, dresses or shorts. Halter dresses, halter tops, sleeveless shirts and bib overalls are not allowed. Dresses, skirts and shorts can be no more than two inches above the knee. Spandex shorts and pants are not allowed to be worn unless other clothing is worn over the top of them.
4. Contraband: Defined as any item or service not specifically authorized by security staff. No property or other items will be allowed, unless specifically approved by security staff. Visitors must leave their vehicle keys at the Control Room upon check-in. A small amount of money to be spent in the visiting room is allowed. Photo slips and meal tickets must be purchased at the Control Room PRIOR to visitation. Visitor must have the exact change and must use cash only.
5. Visitors with small children will be allowed to bring 2 diapers, 2 bottles, a small container of wipes, one blanket, and one sealed jar of baby food. Cell phones and pagers are not allowed. All items will be subject to search.
6. Once a visitor is allowed into DWCRC they must remain within DWCRC until completion of their visit. Visitors will not be allowed to exit and re-enter DWCRC during a visit.

North Dakota Century Code: Section 12-47-21. Alcoholic beverages and controlled substances prohibited-Physician's orders-Use of tobacco-Penalty.

1. It is unlawful for any person to deliver or administer, whether or not for a consideration, any alcoholic beverage or controlled substance to any inmate of DWCRC. This subsection does not apply to the delivery or administration of controlled substances or alcoholic beverages in accordance with the order or prescription of a duly licensed physician and the approval, except in emergency circumstances, of the Operations Administrator.
2. No DWCRC inmate may possess any controlled substance or alcoholic beverage unless the substance or beverage was delivered to the inmate or was possessed in accordance with the prescription or orders of a licensed physician.
3. Any person, other than an official or employee of DWCRC who violates subsection 1 by delivering or administering a controlled substance is guilty of a Class B felony. Any official or employee of DWCRC who violates subsection 1 by delivering or administering a controlled substance is guilty of a Class A felony. Any person who violates subsection 1 by delivery alcoholic beverages is guilty of a Class A felony.
4. Any person who violates subsection 2 by possessing a controlled substance is guilty of a Class B felony. Any person who violates subsection 2 by possessing alcoholic beverages is guilty of a Class A misdemeanor.
5. As used in this section, "controlled substance" is defined in subsection 6 of section 19-03.1-01 and includes counterfeit substances as defined in subsection 7 of section 19-02.1.01.

Waiver of Responsibility Agreement

I fully understand the risks and dangers involved in entering a prison facility. I realize that my life could be in danger and I could be held hostage, be assaulted, verbally abused, and otherwise placed in danger.

I understand and agree that the administration of Dakota Women's Correctional Rehab Center or any of its staff cannot guarantee my safety. I accept the fact that DWCRC has granted me permission to enter the grounds and facilities of DWCRC and its subsidiaries because I realize the dangers and risks involved.

I will observe all the rules and regulations required. I will adhere strictly to all policies and regulations required to maintain the security of the institution.

Read all policies on this form. **Do not attempt to visit until notified by the inmate.**

All information is true and correct. I understand that providing false information on this questionnaire is grounds for denying visiting privileges. I have read and fully understand the information on both sides of this form.

Proper Photo Identification is required for each visit.

Date Signed: _____ Visitor Signature: _____

Parent or Guardian Consent: I give my permission to this requested visiting privilege.

Date Signed: _____ Parent or Guardian Signature: _____

Staff Use Only:
Approved: _____ Signature of Visiting Control Officer _____

Denied: _____ Date _____