



INDIANA DEPARTMENT OF CORRECTION

Application for Visiting Privileges

State Form 14387 (R2/7-08)

INSTRUCTIONS – 1. **Please Print** 2. All spaces must be completed 3. Sign the application 4. Return application to the offender’s counselor as indicated at the bottom of this document 5. Do not attempt to visit until the offender notifies you that your application was approved 6. Submit legible copy of photo ID (16 & older) 7. Children 15 & under must submit a legible copy of their birth certificate. 8. A separate application must be submitted for each applicant, including children.

Offender Information	Offender Name:	DOC Number
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The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and YOU (or parent/guardian) must properly complete this application and return it to the facility to the attention of the counselor of the offender’s housing unit (do not return it to the offender). If you are approved to visit, it will be the offender’s responsibility to notify you and then send to you a copy of the rules for visitation. We DO NOT give out this information by telephone.

Applicant’s Name: Last, First, Middle	Current Address (Must match ID Used)	
Driver’s License Number & State of Issue #:	State ID No. & State of Issue or other approved ID No./Type #:	Race
Date of Birth (MM/DD/YYYY):	Telephone Number with area code:	
Are you related to this offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If related, how (must be immediate family)?	

Immediate family limited to mother, father, siblings, spouse, children, grandparents, grandchildren, including those with “step”, “half”, or adoptive relationships, aunt, uncle and those persons with the same relationship to the offender’s spouse. Immediate family and 2 friends, up to a maximum of 12 persons will be allowed on the offender’s contact list.

Applicant under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you on parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you ever been incarcerated in a penal facility in any state or any country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list where and why here. Where: _____ Why: _____ (Attach additional sheet if necessary)	

If the response to any question above marked (*) is “yes”, you must submit a special request for visitation privileges to the Superintendent of the appropriate facility. If you are on parole/probation, you must also submit written approval from your Parole/Probation Officer.

Are you currently or formerly an employee of the Indiana Department of Correction or any Correctional facility in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, please give the location and the last date of employment: Location: _____ Last Date Employment: _____	
Are you on any other offender’s visiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”: Relationship: _____ Offender DOC#: _____ Name: _____	Are you now or have you ever been a volunteer at an IN correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”: Facility: _____ Volunteer Type: _____

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.

By your signature below you are indicating that:
<ul style="list-style-type: none"> You have read, understand and agree to abide by all rules set forth by the Department of Correction in order to visit any offender at any Department facility. You understand that you, your property and your vehicle while on Department of Correction grounds are subject to search, including frisk searches and the use of metal detectors, ion scanning equipment and/or search dogs. You WILL be searched before being allowed to enter the visiting area. Refusal to submit to a search will result in you not being allowed to visit and you will be required to leave the facility immediately. Such refusal may restrict your ability to visit any offender in any Department of Correction facility. You understand that a criminal warrants check will be performed on you before you are allowed to visit You understand that possession of any firearms, weapons, knives, ammunition, narcotics, controlled substances, alcoholic beverages, marijuana, tobacco or tobacco related items or electronic devices, including cellular telephones, pagers or other communication devices is strictly prohibited. Medication and money/currency may only be possessed in accordance with Department rules. You understand that visits are monitored and videotaped. You certify that all of the information provided on this application is true, correct and as up to date as possible to the best of your knowledge and that you will notify the facility of any changes of address, telephone number, etc..

Applicant’s Signature:	Date (MM/DD/YYYY):	
Signature of Parent/ Legal Guardian (if under 18):	Date (MM/DD/YYYY):	
FOR OFFICE USE ONLY	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of reviewing authority (Legible please):
Return To:	Facility Name & Address:	Attention Counselor of _____ Housing Unit