Kansas Department of Corrections Application for Visiting Privileges

Facility:	Offender to be Visited:		
Address:	Name:		
City, St, Zip:	KDOC#:		
Date:			
	ADDI IOANIT INFORMATION		
All questions must be answered. Incomplete ap of visiting privileges. Completed application Do not mail applications to i Visitors should familiarize thems	s should be mailed to the facili inmates. Allow 4 to 6 weeks fo	d! Omissions or falsificaty at the address above processing of application	e, Attention: Visitation. tions.
	Visitor Identification		
Name of applicant: First:	M:	Last:	
2. Maiden Name /Alias: First:	M:	Last:	
3. If under 18 years old			
Authorized Guardian: First:	M:	Last:	
4. Identifying Information: Relationship to offer	nder (father, wife, friend)	Race:	Gender:MF
5. Current Address:			
Street: City:		State:Zip:	
Phone number:			
6. Date of Birth: Socia	I Security #:		
DL/ID State DL/ID#			
Are you approved to visit another KDOC Of	fender? Yes No R	elationship	
If yes, Name: Nu	mber:	Facility:	
ADDITIONA A copy of an official birth certification for infants under 30 days old, at the Non United States citizen visitors shall provide application. 1. Passport 2. Visa 3. Resident A	n hospital certificate of birth car e a photocopy of at least one o	under eighteen (18) yean be used for infant ider of the following docume	ntification. nts when submitting an
Have you EVER been arrested or convicted Failure to list all arrests and convictions can lea	•		
Offense Arrest	t Date (approx.)		Disposition
9. Are you on probation or parole? No Y	es If Yes, which State	e and County	
10. Have you ever been, or are you currently, a contractor to the Kansas Department of Correct No Yes			

If yes, please provide the details of that past or present employment and volunteer activity:			
1. Were you a victim of the person you wish to visit or were any of your immediate family a victim of the person ou wish to visit? No Yes			
YES, you must initiate this request through the Department' Victim Services.) Victim Services can be reached by riting to:			
Office of Victim Services Kansas Department of Corrections 714 SW Jackson, Suite 300 Topeka, KS 66603			
or by calling, 1-866-404-6732			
WARNING			
S.A. 21-5914 provides that: (a) Traffic in contraband in a correctional institution or care and treatment facility is, without the onsent of the administrator of the correctional institutional (1) Introducing or attempting to introduce any item into or upon e grounds of any correctional institution ; (2) taking, sending, attempting to take, or attempting to send any item from any prectional institution or ; (3) any unauthorized possession of any item while in any correctional institution or ; (4) stributing any item while in any correctional institution ; (5) supplying to another who is in lawful custody any object or thing dapted or designed for use in making an escape; or (6) introducing into an institution in which a person is confined any object thing adapted or designed for use in making any escape. (b) Traffic in contraband in a correction institution is a: (1) everity level 6, nonperson felony, except as provided in subsection (b)(2) or (b)(3); (2) severity level 5, nonperson in such items e: (A) Firearms, ammunition, explosives or a control substance which is defined in K.S.A. 2016 Supp. 21-5701, and nendments thereto, except as provided in subsection (b)(3); (B) defined as contraband by rules and regulations adopted by e secretary of corrections, in a state correctional institution or facility by an employee of a state correction institution or facility, or (a) equivalle justice authority, in a juvenile correctional facility by an employee of a juvenile correctional facility, except as ovided by subsection (b)(3); and (3) severity level 4, nonperson felony if: (A) Such items are firearms, ammunition or explosives, in a correctional institution by an employee of a contractor who is under contract to provide services to the expartment of corrections or the employee or volunteer of a contractor who is under contract to provide services to the expartment of corrections or the employee or volunteer of a contractor who is under contract to provide services to the expar			
prohibited. Violation may result in termination of visits, suspension of visiting privileges, and/or possible prosecution. sitor or Visitor's Guardian			
gnature: Date:			
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