



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
OFFICIAL VISITOR REGISTRATION
PLEASE PRINT - ATTACH STATEMENTS OF EXPLANATION AS NEEDED. ALLOW 15 BUSINESS DAYS FOR PROCESSING
For implementation of COR 305 and COR 306 of the NH Code of Administrative Rules.

REQUIRED PERSONAL INFORMATION

STRINGENT PERSONAL DATA CONFIDENTIALITY MAINTAINED

GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> _____	LEGAL NAME: First Name MI Last Name Suffix Title Entity that Registrant represents:: House of Worship or Faith Community, Law Office, Social Services or Government Agency - include Name, Office Address, Phone Number:
NOTICE: All Persons Must Surrender a valid government-issued Photographic ID when entering any state correctional facility. Indicate the expected document you will surrender.		<input type="checkbox"/> Driver License Photo ID Identifier Number
		<input type="checkbox"/> Agency-issued ID ID Issuing Authority or Jurisdiction <input type="checkbox"/> Passport <input type="checkbox"/> Specify Other: _____

Emergency Contact Information: Name	Relationship	Contact Phone
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ANSWER EACH QUESTION. FULL DISCLOSURE REQUIRED FOR EACH AFFIRMATIVE ANSWER BELOW; USE ADDITIONAL PAGES AS NEEDED **

EVER CONVICTED OF ANY CRIME? NO, YES

ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY? NO, YES

BEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS? NO, YES

ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? NO, YES

ANY FAMILY MEMBER AN INMATE WITH THE NH DOC? NO, YES, WHO

ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF NH DOC? NO, YES, WHO

DURING THE PAST 3 YEARS, ON ANY INMATE VISITING LIST? NO, YES, WHO

CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE? NO, YES, WHO

All Persons intending to be on any property of or in contact with an Offender under the supervision of the NH DOC are subject to Criminal History Records Review

To verify your identity, maintain criminal offender management standards and assure public safety, furnish all information requested below:

Are You a US Citizen? ___ Yes ___ No	Driver License
If Yes, provide Social Security # _____	# _____
If No, provide Alien Registration # _____	
Provide Passport # _____	State of Issue
Place of Birth	Date of Birth

Any Other Name(s) Ever Known by: _____

List any other Address used in past 5 years: _____

ALL PERSONS AND VEHICLES ARE SUBJECT TO SEARCH WITHOUT PRIOR WARNING AT NH DEPARTMENT OF CORRECTIONS FACILITIES {RSA 622: 24, 25}

I do hereby certify that all information I have provided the department on this form, and any attachments, is accurate and complete. I agree to abide by all applicable New Hampshire laws, and NH Department of Corrections rules and regulations governing persons within a state correctional facility, especially those policies relating to confidentiality. I hereby authorize a review of and full disclosure of any and all records, including criminal records, concerning myself to any duly authorized agent of the NH Department of Corrections. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall be held harmless for releasing said information. I understand such review is required before I am allowed to enter/serve at any NH DOC facility and that refusal to provide all necessary information may result in 1) denial of entry and 2) denial of certification. This authority shall continue for five years from date signed unless revoked by me in writing. I recognize the potential risks with, and assume personal responsibility for, my involvement with the Department of Corrections. I will inform the NH DOC of any changes to the information furnished on this application, once approved, including change of address and phone, location or area of service, and will report any ensuing criminal arrest, conviction or related justice system matter. **This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.**

PERSONAL SIGNATURE	DATE: _____
Complete both pages of this application.	

Subscribed and sworn to before me, in my presence, this _____ day of _____, 20____.	
My commission expires _____, _____.	
_____ Notary Public	
Signature	

Print Your Name															
<u>PURPOSE & DATES OF NH DOC CONTACT</u>	WHAT NH DOC FACILITIES														
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">State Prisons & Institutions</th> <th style="width:50%; text-align: center;">Transitional Housing/Work Centers & Field Services</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> NH State Prison for Men (Concord)</td> <td style="padding: 2px;"><input type="checkbox"/> Calumet House (Manchester)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> NH State Prison for Women (Goffstown)</td> <td style="padding: 2px;"><input type="checkbox"/> North End House (Concord)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Lakes Region Facility (Laconia)</td> <td style="padding: 2px;"><input type="checkbox"/> Transitional Work Center (Concord)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Northern NH Correctional Facility (Berlin)</td> <td style="padding: 2px;"><input type="checkbox"/> Shea Farm (Concord)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Residential Treatment/Secure Psych. Unit (Concord)</td> <td style="padding: 2px;"><input type="checkbox"/> Probation-Parole District Office:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Central Office/HQ (Concord)</td> <td style="padding: 2px;">Office Locations:</td> </tr> </table>	State Prisons & Institutions	Transitional Housing/Work Centers & Field Services	<input type="checkbox"/> NH State Prison for Men (Concord)	<input type="checkbox"/> Calumet House (Manchester)	<input type="checkbox"/> NH State Prison for Women (Goffstown)	<input type="checkbox"/> North End House (Concord)	<input type="checkbox"/> Lakes Region Facility (Laconia)	<input type="checkbox"/> Transitional Work Center (Concord)	<input type="checkbox"/> Northern NH Correctional Facility (Berlin)	<input type="checkbox"/> Shea Farm (Concord)	<input type="checkbox"/> Residential Treatment/Secure Psych. Unit (Concord)	<input type="checkbox"/> Probation-Parole District Office:	<input type="checkbox"/> Central Office/HQ (Concord)	Office Locations:
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OPTIONAL Personal Contact Information			
Mailing Address	Town	State	Zip Code+4
<u>Telephone</u> Home #	Work #	Work Ext. #	Cell or mobile #
Email address			

Complete Page 1 & above. Only complete the following section related to your Official Visitation purpose

<input type="checkbox"/> ATTORNEY AT LAW	
Please verify current membership the New Hampshire Bar Association	
Certification as Legal Representative for following Inmate (s) print Name(s), ID #, Housing	
Expected duration of legal representation	Affirmation

<input type="checkbox"/> CLERGY OR OFFICIAL RELIGIOUS DELEGATE
The PRIVILEGE OF SPIRITUAL CARE VISITATION is limited to the VISITING ROOM ONLY for individual inmate contact during established visitation schedule at state prisons, institutions or correctional centers. Clergy Applicant, or designated representative of a faith community, must <u>attach a letter from affiliated ecclesiastic authority</u> specifying an endorsement of religious qualification, preparation, experience and competence for spiritual care and pastoral counseling of criminal offender(s) incarcerated within the NH state prison system.
DO NOT complete this form if you intend a <u>voluntary ministry to multiple criminal offenders</u> through group religious study, corporate worship, or other temporal activity with offenders. Obtain and submit a CITIZEN INVOLVEMENT APPLICATION and attend an orientation for approval as an authorized Volunteer. A person may not be designated as both an official visitor and an authorized volunteer by the New Hampshire Department of Corrections.

<input type="checkbox"/> GOVERNMENT INTER-AGENCY OFFICIAL	
An employee, or elected or appointed official, of the Federal, State of New Hampshire, or a local government unit, acting in their official capacity	
Jurisdiction or Agency Represented	
Administrator or Supervisor	Phone
Function or Purpose of Inmate Visitation	

<input type="checkbox"/> SOCIAL SERVICE ORGANIZATION REPRESENTATIVE	
Any employee or agent of a non-government community organization acting in their official capacity	
Name of Non-Profit Agency or Social Services Organization	
Head Administrator & Office Address	Office Phone
Agency Mission or Purpose	
Anticipated Benefit to Criminal Offenders	

The New Hampshire Department of Corrections shall grant **OFFICIAL VISITOR** authorization for a term not exceeding three years. This authorization may be renewed upon satisfactory renewal application and credentialing.