

Visitor's Request Form

RETURN FORM TO: _____ BACK MUST BE SIGNED APPROVED ____ DENIED ____
Unit Manager/Unit _____

DO NOT RETURN TO OFFENDER OR IT WILL BE REJECTED

Offender Name

DOC Number

PLEASE PRINT ALL INFORMATION – EVERY SPACE MUST BE FILLED

Visitor's Last Name: _____ First Name: _____ Middle Initial: _____

Your Date of Birth: _____ Your Place of Birth: _____
(MM/DD/YY) (City, State)

Your SSN: _____ - _____ - _____ Sex: _____ Race: _____ Height: _____ Weight: _____

Street Address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Your Occupation: _____ Employer's Name: _____

Employer Address & Phone Number: _____

Your Relation to How long have you known
Offender: _____ offender? _____

Have you or a family member ever been employed by the Oklahoma Department of Corrections, Private Prisons, or previously been a DOC/PPA volunteer? Yes No If yes, when?

Are you currently corresponding/volunteering or visiting with another offender(s) at this or another facility? Yes No

If yes, Offender's Name and
Number: _____

Are You Married? Yes No Date of Marriage: _____ State: _____

Spouse's Name: _____ Spouse's Date of Birth: _____

Spouse's Occupation: _____ Spouse's Employer Name: _____

Have you ever been arrested or charged for any crime or complaint? Yes No

If yes, please list below the following information (if more space is needed, please attach another sheet of paper):

<u>Date of Arrest</u>	<u>County, State</u>	<u>Nature of Charge</u>	<u>Disposition/Outcome</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently on Probation, Parole or PPCS/GPS? Yes No Probation/Parole Officer's Name _____

If you are on Probation or Parole, you must seek approval from your Probation/Parole Officer to visit with offender. The warden of this facility will approve or deny visiting privileges.

Has any member of your family (other than offender above) ever been incarcerated at a penal institution? Yes No

Do you visit this person? Yes No

If yes, Name and Relation: _____

Where: _____ When: _____ Charge: _____

Are you visiting a person, other than family that is incarcerated in the State of Oklahoma? Yes No

If yes, Name and Relation: _____

Where: _____ When: _____ Charge: _____

Make/Model of Your Automobile: _____ Tag Number: _____

Your Driver's License Number: _____ State: _____ Expiration Date: _____

PLEASE READ THE RULES AND REGULATIONS BELOW

All visitors 18 years of age and older must have bonafide identification which includes their photograph when visiting any facility. State driver's licenses, state, federal, military or school I.D.'s are acceptable. For those who do not drive, acceptable identification cards can be obtained from the local offices of the Oklahoma Department of Motor Vehicles for a nominal fee. Correctional Officers will not permit anyone to enter without identification as indicated.

Under Oklahoma Statutes, Title 57, Chapter 1, Statute 21: Any person who, without authority, brings into or has in his or her possession in any jail or state penal institution or other place where prisoners are located, any gun, knife, bomb, or other dangerous instrument, any controlled dangerous substance as defined by Section 2-201 et seq. of Title 63 of the Oklahoma Statutes, any intoxicating beverages or low-point beer as defined by Sections 163.1 and 163.2 of Title 37 of the Oklahoma Statutes, money, or financial documents for a person other than the offender or a spouse of the offender, including but not limited to tax returns, shall be guilty of a felony and is subject to in the custody of the Department of Corrections for not less than one (1) year or more than five years, or a fine of not less than one hundred dollars (\$100.00) or more than one thousand dollars (\$1,000.00), or both such fine and imprisonment. Any person who, without authority, brings into or has in his or her possession in any jail or state penal institution or other place where prisoners are located, cigarettes, cigars, snuff, chewing tobacco, or other form of tobacco product shall, upon conviction, be guilty of a misdemeanor punishable by imprisonment in the county jail not to exceed one (1) year or by fine not exceeding Five Hundred Dollars (\$500.00), or both by such fine and imprisonment. Any person knowingly, willfully and without authority brings into or has in his or possession in any secure area of a jail or state penal institution or other secure place where prisoners are located any cellular phone or electronic device capable of sending or receiving any electronic communication shall, upon conviction, be guilty of a felony punishable by imprisonment in the custody of the Department of Corrections for a term not exceeding two (2) years, or by fine not exceeding Two Thousand Five Hundred Dollars (\$2,500.00), or by both such fine and imprisonment.

Where there exists a reasonable suspicion or probable cause to believe that a particular visitor is attempting to introduce contraband into this institution, the warden/facility head or his designee may order that the visitor be subjected to a more thorough search. A visitor may be requested to submit to a strip search only when the warden/facility head or his/her designee determines there is probable cause to believe the particular visitor possesses contraband. In such an instance, the search **must** be conducted by **two** trained **staff members** of the same gender as the visitor. The visitor may also be subject to search by a certified drug dog.

Everyone entering the perimeter of this facility will, at a minimum, be subject to a pat search. Bags, purses, boxes, etc., carried by persons entering this facility will be subject to search. All vehicles and their contents are subject to search upon entering the grounds.

Should a visitor refuse to grant permission for the search, entry to the facility will be denied and may be grounds for appropriate action. In addition, the person will be denied future access to the facility.

CONSENT TO SEARCH/ACCESS TO CRIMINAL HISTORY INFORMATION

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE THAT I UNDERSTAND AND I AM SUBJECT TO THE LAWS OF THE STATE OF OKLAHOMA AND REGULATIONS OF THE DEPARTMENT OF CORRECTIONS (DOC) WHILE ON THE PROPERTY OF THE CORRECTIONAL FACILITY. I UNDERSTAND THAT MY ENTRY ONTO PRISON GROUNDS IS PRESUMED CONSENT TO A PAT DOWN SEARCH AND THE SEARCH OF MY VEHICLE AND THAT MORE INTRUSIVE SEARCHES MAY OCCUR, DEPENDING UPON THE FACTS AND SUSPICIONS KNOWN TO PRISON STAFF. I FURTHER UNDERSTAND THAT BY MY SIGNATURE BELOW, I AM AUTHORIZING THE DEPARTMENT OF CORRECTIONS TO CONDUCT A CRIMINAL BACKGROUND CHECK.

Your signature below indicates you have read, or have had read to you and understand, the rules outlined in the "Visitor's Request Form" and the "Visitor's Rules of Conduct/Violations/Sanctions" form:

Name: _____
(Print or Type)

Your Signature: _____ Date: _____

IF YOU ARE UNDER EIGHTEEN (18) YEARS OF AGE, YOU MUST HAVE YOUR PARENT'S OR LEGAL GUARDIAN'S SIGNATURE OR THIS REQUEST WILL BE DENIED.

Parent/Guardian Printed/ Type Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

ANY INDIVIDUAL WHO FALSIFIES INFORMATION OR PURPOSEFULLY OMITTS INFORMATION ON THIS VISITING FORM WILL BE DENIED VISITATION PRIVILEGES AND MUST WAIT 90 DAYS TO REAPPLY.