

Name:

# Visitor Application

<b>For Office Use Only</b>	DOTS Check		
	VNAMS		
	File Check		
	VOC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unavailable
Co-D	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unavailable	
Print Name:			

(Please enter your name **EXACTLY** as it appears on your driver's license/state issued ID)

To:			Date:		
Name:	LAST	FIRST	MIDDLE	Institution:	
Street Address:			Offender's Name:		
City:	State:	Zip Code:		Offender's Number:	

**You must provide verification of address such as a copy of a utility bill.**

**EXPLANATION AND INSTRUCTIONS:** This questionnaire will provide the institution with the information needed to determine your eligibility for approval as a visitor for the above named offender. Please answer all questions fully, truthfully and accurately. Failure to answer any question and/or falsification of any answer will result in disapproval of your application.

I am a:  Friend  Relative, specify relationship: \_\_\_\_\_

1. Complete the following:

Driver's License Number/State ID:	Issuing State:	Expiration:
Date of Birth (MM/DD/YYYY):	Phone Number (INCLUDING AREA CODE):	

2. If you are the parent of any child by this offender, please complete the following. You must provide verification the offender is the parent of each child such as a copy of the child's birth certificate. If the offender is not named on the child birth certificate, you may Provide other documentation such as DNA Paternity Test Results, Court-ordered custodial papers, Affidavit of Paternity, etc.

NAME OF INMATE'S CHILD			DOB
Last	First	Middle	MM/DD/YYYY

3. Have you ever been incarcerated in a DR&C Institution in Ohio?  
 Yes  No If yes, enclose a copy of your final release paper. Also, list:

Date of Incarceration	State	Institution(s)	Convictions/Charges

4. Are you now a party to any criminal action or proceeding?  Yes  No

5. Are you now or have you ever been on probation or parole?  Yes  No

If you answered "yes" to questions 4 or 5 attach a letter detailing any indictments, convictions, sentencing information, details of the offense, State and County involved, name and phone number of your probation/parole officer. Also include a copy of your final release papers along with a letter from your probation/parole officer granting permission to visit.

6. Are you now or have you ever been employed by the DR&C? (Contract Employee, Volunteer, Intern or Unpaid Staff)  
 Yes  No if yes,

Location/Institution:	Position/Job Title:	Dates:
-----------------------	---------------------	--------

7. Have you ever been an accomplice or co-defendant of any crime committed by this offender?  Yes  No

If yes, please explain: \_\_\_\_\_

8. Have you ever been the victim of any crime committed by this offender?  Yes  No

If yes, please explain: \_\_\_\_\_

If your application to visit is accepted, your initial status will be tentatively approved pending verification of your identity at the time of your first visit. If accepted after this verification, your status will be changed to approved. It is the offender's responsibility to notify you of your status.

I certify all answers to the above are true to the best of my knowledge.

Signature of Applicant:	Dates:
-------------------------	--------

**RETURN PROMPTLY TO:**

Institution Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State of Ohio  
Ohio Department of Rehabilitation and Correction

# General Visiting Instructions

---

---

1. All attire worn upon entry into the facility must be worn throughout the duration of the visit, with the exception of appropriate outerwear such as a coat and gloves.
2. Appropriate undergarments must be worn (i.e., bra, slip, and underwear).
3. No additional clothing is permitted to be carried into the facility.
4. Inappropriate attire includes, but is not limited to:
  - a. See-through clothing of any kind.
  - b. Tops or dresses that expose the midriff or have open backs or open sides (such as any sleeveless clothing such as halter tops, tube tops, cropped tops, tank tops, and muscle shirts).
  - c. Low-cut clothing cut in a manner that exposes the chest.
  - d. Any clothing that inappropriately exposes undergarments.
  - e. Skirts, dresses, shorts, skorts, or culottes with the hem or slit above the mid-knee.
  - f. Wrap-around skirts/dresses or break-away type pants.
  - g. Clothing with any gang related markings.
  - h. Clothing with obscene and/or offensive pictures, slogans, language and/or gestures.
  - i. Form-fitted clothing made from Spandex or Lycra or other similar knit material such as leotards, unitards, bicycle shorts, tight jeans, or tight pants.
  - j. Clothing with inappropriate holes/rips, including shoulder cut-outs.
5. No more than one wristwatch or pocket watch will be permitted.
6. Purses, handbags, backpacks, or similar items are not permitted. Diaper bags and infant carriers, are permitted, but are subject to regular search procedures. Clear plastic bags are preferred in place of diaper bags. Diaper bags may include:
  - a. A reasonable number of diapers and baby wipes
  - b. Three plastic baby bottles
  - c. Three plastic containers of baby food
  - d. One pacifier
- 7) All visitors are subject to clear the metal detector. The following items often prevent clearance of the metal detector:
  - a. Hairpins
  - b. Bras with metal underwires
  - c. Certain boots and shoes
  - d. Clothing with multiple zippers
  - e. Excessive jewelry

Name:	Date:
-------	-------

**Wearing inappropriate clothing may result in a  
visitor not being allowed to visit or not clearing the metal detector.**

**For directions and other information visit our web site - <http://www.drc.ohio.gov/>**

# Declaration of Understanding

The Ohio Department of Rehabilitation and Correction has a zero tolerance for the conveyance of drugs, alcohol, and weapons into its correctional institutions. Any such act will constitute a violation of section 2921.36 of the Ohio Revised Code which states in part that “No person shall knowingly convey, or attempt to convey, onto the grounds of a detention facility (including prisons, owned and operated by the Ohio Department of Rehabilitation and Correction) or of an institution that is under the control of the department of mental health or the department of mental retardation and developmental disabilities, any of the following items:

- (1) Any deadly weapon or dangerous ordnance, or any part of or ammunition for use in such deadly weapon or dangerous ordnance;
- (2) Any drug of abuse, as defined in section 3719.011 of the Revised Code;
- (3) Any intoxicating liquor, as defined in section 4301.01 of the Revised Code;
- (4) Cash;
- (5) Cellular telephone, two-way radio, or other electronic communication device.
- (6) Any product that contains tobacco including but not be limited to cigarettes, loose tobacco, cigar, snuff, chewing tobacco, or any other preparation of tobacco, tobacco substitutes, smoking paraphernalia (i.e., matches, lighter, cigarette papers, and rolling machine)

Every effort will be made to prosecute to the fullest extent of the law, any person found to be in violation of this section of the Ohio Revised Code.

I have read or it has been read to me, and I understand the above declaration. I will not bring any weapon, dangerous ordnance, ammunition, drug, intoxicating liquor, cash, cellular telephone, two-way radio, or electronic communication device into the prison.

Visitor

Contractor

Volunteer

Other

Name (typed or printed):	
Signature:	Date:
Witness:	Date:

Ohio Department of Rehabilitation and Correction  
**Authorization For Minor Child Visitation**

I certify that I am the Legal Guardian of:

<i>Child's Name</i>
<i>Child's Name</i>
<i>Child's Name</i>
<i>Child's Name</i>

I am giving permission for the following list of people to bring the above named child/children to the

\_\_\_\_\_ to visit inmate:  
*Name of Institution*

Inmate Name:	Number:
--------------	---------

	Name	Address/City/State/Zip	Relationship To Child
1.			
2.			
3.			
4.			
5.			

I hereby give my permission for the child/children listed above to be searched by employees of the

\_\_\_\_\_ .  
*Name of Institution*

I understand that the child/children may only visit with the people I have listed and I have enclosed a copy of the child/children's birth certificate and or custody papers. This document must be notarized prior to submission. Any changes, additions or deletions require the completion of a new form. This form must be updated annually from the date of receipt.

Parent/Guardian Name (Printed):	Date:
Parent/Guardian Signature:	Telephone Number: (     )

NOTARY STAMP

\_\_\_\_\_  
*Notary Signature*