

DEPARTMENT OF CORRECTIONS VISITOR APPLICATION
FACILITY ADDRESS ADDED HERE

Dear Sir or Madam:

Offender Name _____ DOC Number _____ has requested you be given an application to visit them in the Colorado Dept. of Corrections. If you wish to visit this offender you must complete this application and return it to the address above. If you do *not* wish to visit this offender please ignore this letter. For more information regarding ADA accommodations, visit www.doc.state.co.us and click "Visiting" or see Administrative Regulation 100-42.

Do you require the use of a service animal to visit? YES NO

Your Name: _____ Date of Birth ____/____/____
Last First MI

Maiden Name: _____ SSN: _____ - _____ - _____ (Optional)

Address: _____
Residential address Apt # or Lot # City State Zip code

Home Phone ____/____/____ - _____ Work/Other Phone ____/____/____ - _____

Drivers License/State Identification Card Information: (ATTACH COPY OF DRIVER'S LICENSE OR STATE ID)

State issued: _____ Number: _____ Date Issued: ____/____/____ Expiration: ____/____/____

Are you related to this offender? Yes No

What is the relationship: _____

Are you an immediate family member of this offender? Yes No

(Immediate family member is defined as: Grandparents, parents, step-parents, adoptive parents, legal guardian, brother, step or half-brother, sister, step or half-sister, spouse, son, daughter, step/foster/adopted children, and grandchildren.)

If you are not related to the offender, how long have you known this person? _____

If you are not related to the offender, where/how did this relationship develop? _____

Are you now or have you been on another offender's visiting list in the past twelve months. Yes No

If yes explain who, when, and why: _____

Are you employed, or have you ever been employed, or worked in a Colorado prison or private prison? Yes No

Have you or a family member ever been employed by the Colorado DOC, private prisons, or previously been a DOC/private prison volunteer? Yes No (If yes, when and at which facilities/office) _____

Are you currently corresponding/volunteering or visiting with another offender at this or another facility? Yes No (If yes, offender name and number.) _____

Have you ever been arrested or charged for any crime or complaint? Yes No (If yes, list all dates) _____

Are you presently on probation, parole, or [any form of criminal justice supervision]? Yes No (If yes, provide probation/parole officer name and phone number.) _____

Has any member of your family (other than offender above) ever been incarcerated at a penal institution? Yes No (If yes, list all name(s) and relation.) _____

Will you be bringing any minor children (under age 18) to visit this offender with you? If so, provide the following information for each minor child that will be visiting this offender with you: (A minor may only visit in the company of his/her parent or legal guardian. If you are not the parent or legal guardian of the minor child, you must provide a notarized statement (Attachment 300-01J) completed by the parent who gives you permission to bring the minor child for visitation with this offender. A copy of the birth certificate for each minor child is required. The statement will be kept on file at the facility.) (There must be a separate document for each minor child.)

Name	Last	First	Address	Date of Birth	Relation to Offender

CERTIFICATION: I certify that all the statements on this form are true. I understand that false information can delay the application process and can also be cause to deny my application for up to 1 year if it is shown to be intentional. I also understand that my visiting status may be inactivated, after being approved, if it is found that information on this form is falsified. I hereby authorize any representative of the Colorado Department of Corrections bearing this release to obtain any information pertaining to my personal background and activities from Criminal Justice and Motor Vehicle agencies. This information will include Criminal record information. I understand that the information is for official use only by the Colorado Department of Corrections for determining eligibility to enter a Colorado Correctional Facility for the sole purpose of visiting an Offender. If a criminal records investigation reveals criminal charges without disposition, I will provide a court order or similar legal document which stipulates what disposition was made of the charge(s), before the application process will continue.

Applicant Signature _____ Date _____

Failure to complete this form will delay the processing of this request. You will not be allowed to visit until this request is processed.

IMPORTANT NOTICE
THE FOLLOWING PROVISIONS OF THE
DRESS CODE
WILL BE STRICTLY ENFORCED

1. Visitors are not to wear any garment which exposes cleavage, back, stomach, midriff, and/or underarm.
2. The only jewelry or adornment visitors will be permitted to wear into the visiting area is a wedding ring set, one religious necklace pendant, and medical alert badges. Medicine bags are not allowed. Dermal jewelry implants that cannot be removed by the visitor will be allowed.
3. No controversial/objectable gang, obscene, drug and alcohol designs, messages or profanity on clothing.
4. Hair extensions and/or wigs will be permitted but are subject to search in a respectful and appropriate manner. Hair extensions which are attached to the hair with a clip or comb will not be allowed. Only hair accessories which are soft in nature will be permitted to be worn inside the visiting area.
5. No top or bottom clothing which is solid forest green or solid orange. Tactical BDUs are not allowed.
6. Shoes are required. Infants are not required to wear shoes until such time as they can walk. Infants and toddlers who are able to walk must wear shoes at all times during the visit. Minors are allowed to wear shoes that display lights.
7. Appropriate undergarments are required, and will not be visible.
8. Clothing which is sheer or transparent will only be permitted if non-transparent articles are worn beneath and no undergarments (bra or underwear) are visible. Clothing that contains holes and/or rips will not be permitted.
9. Outer garments worn on the bottom half of the body must be no shorter than the knee while standing.
10. Any clothing worn on the top half of the body must have sleeves and not expose the cleavage line at any time while standing, sitting and/or bending down.
11. Trousers will be worn in the manner intended (no sagging).
12. Wrap-around clothing will not be allowed.
13. Visitors are not to wear hats into the visiting area, except for religious hats or headgear. Gloves, scarves, or outer garments, such as topcoats, raincoats, jackets, and similar inclement weather attire will not be permitted within the visiting area. No hooded garments will be allowed in the visiting area.
14. If a pull over, zipper, or button up sweater is worn, it shall be worn at all times inside the visiting area. A garment is required to be worn underneath the sweater within the guidelines of this policy.