

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.colorado.gov/cdoc/ click Offender Information and Visit an Offender 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 ____/____/____ - _____

E-Mail Address (utilized to send notification of approval): _____

Drivers License/State Identification Card Information: (ATTACH COPY OF DRIVER'S LICENSE OR STATE ID - address must match address on application)

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 300-01G) 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.

Date Applicant Contacted and Advised: _____

IMPORTANT NOTICE
THE FOLLOWING PROVISIONS OF THE
DRESS CODE **APPLY TO BOTH CONTACT AND NON-CONTACT VISITING AND**
WILL BE STRICTLY ENFORCED

1. 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. Any dermal jewelry implants that cannot be removed by the visitor will be allowed.
2. No controversial/objectionable gang, obscene, drug and alcohol designs, messages or profanity on clothing.
3. 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.
4. No top or bottom clothing which is solid green, solid orange, or camouflage or tactical in nature.
5. 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.
6. 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.
7. Appropriate undergarments are required, but will not be visible.
8. Trousers will be worn in the manner intended (no sagging).
9. Wrap-around clothing will not be allowed.
10. Visitors are not to wear hats into the visiting area, except for religious hats or headgear or by the approval of a disability accommodation. 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.
11. If a pull over, zipper, or button up sweater is worn, it will 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.
13. Outer garments worn on the bottom half of the body must be no shorter than the knee while standing.
14. Any clothing worn on the top half of the body must have sleeves and not expose the cleavage line, back, midriff and/or underarm at any time while standing, sitting, and/or bending down.
15. Leggings may only be worn under outer garments that must be no shorter than the knee while standing.

**Colorado Department of Corrections
Offender Request for Special Visit**

Offender Name _____ DOC # _____ LU # _____
Date of Special Visit Requested _____

I request a **Special Visit** with the person(s) herein. I understand that if approved, this visit applies to the date(s) and time(s) shown below. All adult visitors must attach a legible copy of Driver's License or State I.D. to the application and have a visiting application on file or attach a completed application to this request. All minors must have a birth certificate on file prior to the visit. Minors must also have an Attachment J (300-1G) form for each family member, other than their parent(s), who is bringing them in. Further, I understand that it is my responsibility to inform my visitor(s) of the date(s) and time(s) that they have been approved for a **Special Visit**, and that if my visitor(s) arrive at this facility prior to complete approval, they will be refused entry. I understand that when I submit this request for **Special Visit**, that I provide at least 10 calendar days for this request to be processed and approved** I understand that failure to complete all required areas of this form may result in denial of the special visit. My reason(s) for this request are as follows:

VISITORS

1. Name _____ Date of Birth _____ Relationship _____
Street Address, City, State, Zip _____ Phone number _____
Driver's License/ID # _____ Social Security # _____

2. Name _____ Date of Birth _____ Relationship _____
Street Address, City, State, Zip _____
Driver's License/ID # _____ Social Security # _____
Parent/Authorized Family Member (if Minor) _____

Birth Certificate/ Attachment G: In Visiting File _____ or Enclosed: _____
3. Name _____ Date of Birth _____ Relationship _____
Street Address, City, State, Zip _____
Driver's License/ID # _____ Social Security # _____
Parent/Authorized Family Member (if Minor) _____

Birth Certificate/ Attachment G: In Visiting File _____ or Enclosed: _____
4. Name _____ Date of Birth _____ Relationship _____
Street Address, City, State, Zip _____
Driver's License/ID # _____ Social Security # _____
Parent/Authorized Family Member (if Minor) _____
Birth Certificate/ Attachment G: In Visiting File _____ or Enclosed: _____

CASE MANAGER REVIEW

Date CM Received Request:	Approve: Yes No
Case Manager:	Date:
Comments:	

VISITING STAFF REVIEW

Visiting Employees:	Date:
Comments:	

MANAGER REVIEW

Manager:	Date:
Approve:	Deny: Comments: