

VISITATION

Form #1 – **APPLICATION FOR VISITING PRIVILEGES** - This form is needed for all individuals wishing to visit who are ***over the age of 16***. Only parents, guardians, step-parents, siblings, aunts/uncles, grandparents and the incarcerated students own children are allowed to visit. Please note there is a separate form for visitors under the age of 16. Please feel free to make copies of this form as each visitor must be listed on a separate form. You must include a copy of a valid driver's license or state issued ID for each individual over the age of 16.

Form #2 – **VISITATION MINOR RESTRICTION EXEMPTION** - This form is only needed for any individuals wishing to visit who are ***under the age of 16***. A copy of the individual's birth certificate must also be submitted with the application.

Form #3 – **LIST OF APPROVED VISITORS** - This form is to be completed by the student's guardian. You should list all individuals that you approve to visit your child. Individuals listed will still be required to complete the visiting application process however; we must have the guardian's permission to allow individuals to visit.

Form #4 – **OFFENDER TELEPHONE LIST** - This form is to be completed by the student's guardian. You should list all individuals that you approve to speak with your child on the telephone. ***Please note:*** Students are only permitted to speak with the following family members while at our facility: Parents, guardians, step-parents, siblings, aunts/uncles and grandparents. **Allowing your child to speak with anyone else or allowing your child to speak with anyone through three way calling will cause your child's phone privileges to be terminated for a minimum of 30 days.**

VISITING REGULATIONS HANDOUT – This handout outlines all of the information that you will need in regards to where our facility is located, visitation dates and times, what you are allowed to bring during visitation and the dress code for visitation. A ***VALID*** driver's license or state issued ID is required each time you enter the facility and is required for all visitors 16 years of age and older. ***Please pay special attention to the dress code as your visitation will be denied if you are not appropriately dressed.***

The attached commissary forms are to show an example of the items that will be available to your son to purchase. These forms do not need to be returned.

PLEASE NOTE:

You may mail your visitation application and copy of your driver's license or state ID to the following address:

Pendleton Juvenile Correctional Facility
9310 South State Road 67
Pendleton, IN 46064
Attn: Angi Burrows

OR

You may email your documents to the following email address:

aburrows@idoc.in.gov

We are able to accept a picture of your driver's license or state ID taken by a cell phone as long as it is taken close enough that we can read the information but far enough away that we can see the entire card.

If you have any questions, please feel free to contact me.

Angi Burrows
765-639-1783
aburrows@idoc.in.gov



APPLICATION FOR VISITING PRIVILEGES

State Form 14387 (R8 / 11-14)

DEPARTMENT OF CORRECTION

INSTRUCTIONS: 1. Please print. 2. All fields must be completed. 3. Sign the application. 4. Return this application to the offender's counselor as indicated at the bottom of this document. 5. Do not attempt to visit until the offender notifies you that your application was approved. 6. For persons age sixteen (16) and older, submit a legible copy of photo identification. 7. For children under age sixteen (16), submit a legible copy of their birth certificate. 8. Submit a separate application for each applicant, including children.

OFFENDER INFORMATION	
Name of offender	DOC number

The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and **you** (or parent / guardian) must properly complete this application and return it to the facility to the attention of the counselor of the offender's housing unit (do not return it to the offender). If you are approved to visit, it will be the offender's responsibility to notify you and then send you a copy of the rules for visitation. We **do not** give out this information by telephone.

APPLICANT INFORMATION					
Name of applicant (last, first, middle)			Date of birth (month, day, year)		Race
Current address (number and street, city, state, and ZIP code) - Must match identification used.					Telephone number ()
Driver's license number	State of Issue	State identification number	State of Issue	Other approved identification number	Type
Are you related to the offender? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how? (Must be immediate family.)*			

* Immediate family is limited to mother, father, siblings, spouse, children, grandparents, grandchildren (including those with "step", "half", or adoptive relationships), and those persons with the same relationship to the offender's spouse. Up to a maximum of twelve (12) persons will be allowed on the offender's contact list.

Applicant under eighteen (18) years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on parole / probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been incarcerated in a penal facility in any state or any country? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, where? (Attach additional sheet, if necessary)			Why? (Attach additional sheet, if necessary)	
<i>If you answered "Yes" to any of the questions in bold, you must submit a special written request for visitation privileges to the Superintendent of the appropriate facility. If you are on parole / probation, you must also submit written approval from your Parole / Probation Officer.</i>							
Are you currently or formerly an employee of the Indiana Department of Correction or any correctional facility in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, location		Last date of employment (month, day, year)	
Are you on any other offender's visiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of offender		DOC number		Relationship	
Are you now, or have you ever been, a volunteer at an Indiana correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, name of facility			Type of volunteer	

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.

By signing below, you are indicating that:	
<ul style="list-style-type: none"> ● You have read, understand, and agree to abide by all rules set forth by the Department of Correction in order to visit any offender at any Department facility. ● You understand that you, your property, and your vehicle, while on Department of Correction grounds, are subject to search, including frisk searches and the use of metal detectors, ion scanning equipment, and /or search dogs. You <u>will</u> be searched before being allowed to enter the visiting area. Refusal to submit to a search will result in you not being allowed to visit and you will be required to leave the facility immediately. Such refusal may restrict your ability to visit any offender in any Department of Correction facility. ● You understand that a criminal <u>warrants</u> check will be performed on you before you are allowed to visit. ● You understand that possession of any firearms, weapons, knives, ammunition, narcotics, controlled substances, alcoholic beverages, marijuana, tobacco or tobacco related items, or electronic devices, including cellular telephones, pagers, or other communication devices is strictly prohibited. Medication and money / currency may only be possessed in accordance with Department rules. ● You understand that visits are monitored and videotaped. ● You understand that placing an offender on any kind of pen-pal forum or social media will result in disciplinary action for the offender, even if the offender was unaware he/she was placed on any kind of pen-pal forum or social media. ● You certify that all of the information provided on this application is true, correct, and as up-to-date as possible to the best of your knowledge and that you will notify the facility of any changes of address, telephone number, etc. 	
Signature of applicant	Date (month, day, year)
Signature of parent / legal guardian (if under eighteen (18))	Date (month, day, year)

RETURN THIS FORM TO:	
Name of facility	Attention: Counselor of _____ Housing Unit
Address of facility (number and street, city, state, and ZIP code)	

FOR OFFICE USE ONLY		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of reviewing authority (please sign legibly)	Date (month, day, year)



**VISITATION MINOR RESTRICTION (VMR) EXEMPTION -
FACILITY REVIEW CRITERIA FOR OFFENDER VISITATION WITH A MINOR**

State Form 51812 (R2 / 9-13)
DEPARTMENT OF CORRECTION

Name of offender	DOC number
VMR offense	Name of facility
Name of facility reviewer	Date of review (month, day, year)

REQUESTED VISITORS TO OFFENDER

NAME	AGE	RELATIONSHIP	PATERNITY VERIFIED
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CRITERIA

- A. Is the intended visitor outside the immediate family (children, siblings, grandchildren) or a documented victim? Yes No
- B. Any record of multiple victims? Yes No
- C. Any record of visitation restrictions for sexually related activities in the last twelve (12) months? Yes No
- D. Any known court orders restricting contact with intended minor visitor(s)? Yes No
- E. Did circumstances surrounding the VMR offense indicate that the minor was compelled by force or threat (including provided drugs or alcohol)? Yes No
- F. Any victims (intended victims) under the age of eighteen (18), or so mentally disabled or deficient that consent cannot be given? Yes No

**Note: If any "Yes" is indicated, the offender does not meet the criteria.
Minor spouses are permitted visitation if they are not victims of the offender.**

If the above criteria are met: Notify offender he/she may be eligible for visitation and will be referred for a Case Management Review. Forward this form and copies of Victim Statements, Probable Cause Affidavit, PSI, and Sentencing Order to the SOMM Program Manager at the Central Office as your referral. Indicate below your contact information and the date of referral. After completion of the Case Management Review, all information is to be reviewed and the final decision is at the discretion of the Facility Head.

Name of contact person	Telephone number of contact person ()	Date of review (month, day, year)
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LIST OF APPROVED VISITORS
State Form 40826 (r 2 / 8-88)

HOUSING LOCATION

INSTRUCTIONS: The Staff will fill out this form listing all approved visitors for the offender. This form is to be completed when the offender arrives at the facility / institution. Changeable items (i.e., addresses), should be done in pencil.

OFFENDER'S NUMBER / PENDLETON JUVENILE CORRECTIONAL FACILITY			OFFENDERS NAME		
NAME	AGE	ADDRESS (street/No.)	CITY AND STATE	TELEPHONE	APP/DATE
Father					
Mother					
Step-Father					
Step-Mother					
Spouse					
Ex-Spouse					
Son(s)					
Daughter(s)					
Brother(s)					
Sister(s)					
Grandmother(s)					
Grandfather(s)					



OFFENDER TELEPHONE LIST

State Form 49014 (R / 10-99)

Name of offender	DOC number	PIN number	Facility
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Housing unit

I am requesting that the following names and telephone numbers be placed on my telephone list. I state that to the best of my knowledge the persons on this list are agreeable to receiving my calls and that telephone calls to those persons will be made for purposes permitted under Department of Correction policies and procedures and facility rules. I understand that I may submit no more than twenty (20) names without the approval of the Facility Head or designee.

FIRST & LAST NAME	RELATIONSHIP	STREET ADDRESS	CITY, STATE, ZIP CODE	AREA CODE & NUMBER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

I understand that I will be notified by staff if any of the telephone numbers listed are not placed on my telephone list.

Signature of offender	Date (month, day, year)
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