

**Confidential  
Information Not  
Public Record**

**IOWA DEPARTMENT OF CORRECTIONS  
Visitor Application  
(ONE ADULT applicant per questionnaire)**

**PLEASE DO NOT ATTEMPT TO VISIT UNTIL THE INCARCERATED INDIVIDUAL NOTIFIES YOU OF YOUR APPROVAL.**

**NOTICE:** Before completing this application, please review the Department of Corrections search procedures on the back of this application. **DO NOT LEAVE BLANKS OR PROVIDE FALSE INFORMATION. Doing so will cause your application to be DENIED.**

1. Incarcerated Individual name: \_\_\_\_\_ Incarcerated Individual number: \_\_\_\_\_

**VISITOR INFORMATION**

2. \_\_\_\_\_  
Legal Last name      Legal First name      Full Middle name      Previous last names used      Phone number

3. Your relationship to incarcerated individual: \_\_\_\_\_ How long have you known the incarcerated individual? \_\_\_\_\_

4. \_\_\_\_\_  
Birth date      Sex      Marital status      Spouse's Name      Your Social Security number

5. \_\_\_\_\_  
Address      City      County      State      Zip code

Do you have an American Disability Act recognized disability that requires special accommodations? YES/NO

If yes, what accommodation is needed? \_\_\_\_\_

Service animal type (circle one): Dog / Miniature horse (please send a photo of the animal)

What tasks is the service animal trained to perform? \_\_\_\_\_

6. Please list only **YOUR** children or children you have **guardianship of (please provide proof)** under age 18 who will be visiting with you. **Anyone over age 18 must complete a separate questionnaire.**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

SS# \_\_\_\_\_  M -  F

Relationship to incarcerated individual \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

SS# \_\_\_\_\_  M -  F

Relationship to incarcerated individual \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

SS# \_\_\_\_\_  M -  F

Relationship to incarcerated individual \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

SS# \_\_\_\_\_  M -  F

Relationship to incarcerated individual \_\_\_\_\_

Please check a box below if you are applying for the INCARCERATED INDIVIDUAL's children. The parent/guardian must complete the application.  Children can only visit with the approved parent/guardian  Children can visit with any approved adult visitor

7. Do you have any pending charges?  Yes  No

State/County \_\_\_\_\_ If yes, what is the charge(s) \_\_\_\_\_

8. List all arrests, (Adult or Juvenile) \_\_\_\_\_

List all misdemeanor convictions \_\_\_\_\_

List all felony convictions \_\_\_\_\_

List all deferred judgments \_\_\_\_\_

9. Are you now or have you ever been incarcerated or on probation/parole?  Yes  No ICON/ID # \_\_\_\_\_

State/County \_\_\_\_\_ Discharge Date: \_\_\_\_\_

List all periods of incarceration, including jail time. \_\_\_\_\_

10. Have you ever been involved in the illegal use of drugs?  Yes  No

11. Are you currently, or have you ever been, a Department of Corrections employee or volunteer, a contractor, or private sector employer working for the Department of Corrections?  Yes  No

If yes, please list the name of the institution and dates of employment or volunteer work: \_\_\_\_\_

Date(s): \_\_\_\_\_

12. List all names/numbers of any incarcerated individual's visiting lists that you have been approved/denied/suspended/ removed from in the Iowa Department of Corrections. \_\_\_\_\_

13. To enhance your safety as a visitor, please let us know if you have been the victim of an incarcerated individual supervised/incarcerated by the IDOC. If so, please list the incarcerated individual (s) name, ID number (if known), county, charge and case number: \_\_\_\_\_

14. Are you a legal citizen of the United States (you will be required to show a picture ID to visit).  Yes  No

**NOTICE:** The Department of Corrections will evaluate this information against state and federal law enforcement databases. Failure to accurately complete any of the above information will result in rejection of this application. Please ensure that you sign the back page of the application. You are advised to keep a copy of this application.

**NOTICE:**

- All visitors are subject to search procedures: This may include non-intrusive electronic search methods. If a visitor refuses to be searched, you will not be permitted to visit and your visiting privileges may be revised.
- In order to maintain drug-free prison zones, the non-intrusive ION SCAN method of detecting the use of, handling of or association with illegal substances (drugs) may be applied to prospective visitors. Should this test provide a positive indication of illegal substance association or you refuse to be tested, the following minimum visiting restrictions shall apply:
  - A) First Occurrence. Visiting privileges will be suspended from the date and time of the test for the next two (2) visiting days. Future visits may be restricted to non-contact status.
  - B) Second Occurrence. Visiting privileges will be suspended from the date and time of the test for the next seven (7) visiting days. Future visits may be restricted to non-contact status.
  - C) Third Occurrence. Visiting privileges will be suspended from the date and time of the test for the next fifteen (15) visiting days. Future visits may be restricted to non-contact status.
  - D) Fourth Occurrence. Visiting privileges will be suspended from the date and time of the test for the next thirty (30) visiting days. In addition, you will be placed on non-contact visit status for one hundred and eighty (180) days from the date of the first eligible visit. If you test positive from this date forward, visiting privileges may be permanently restricted to non-contact status.
  - E) Refusal to submit to being tested will suspend visiting privileges to the facility for fifteen (15) calendar days from the time of refusal.

I hereby give my consent to initiate a background investigation with law enforcement agencies and authorize law enforcement agencies to furnish information. I also understand any falsification of the information I provided above will disqualify me from visiting.

15. \_\_\_\_\_  
Signature and Printed Name \_\_\_\_\_  
Date

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

It is the responsibility of the incarcerated individual to notify you of visitor application approval.

**Return completed application to Centralized Visiting Authority to: Mt. Pleasant Correctional Facility**  
**Attn: Central Records**  
**1200 E. Washington**  
**Mt. Pleasant, IA 52641**

cc: file

BREAK THE SILENCE -- Iowa DOC has a zero tolerance for sexual violence of any kind. If you are told about or are concerned about sexual violence committed against any person in an IDOC prison, please contact the Warden immediately.