

# NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY APPLICATION FOR VISITING PRIVILEGES

## PLEASE READ THE FOLLOWING MATERIAL CAREFULLY

By completion of this application you are requesting visitation privileges within the North Carolina Prisons. We must first obtain and confirm the information requested on both sides of this form. If this application is missing information essential to processing this request, you will be so informed by the inmate, and the request will receive no further consideration until the missing information is provided. It is the responsibility of the inmate to notify you of your approval to visit. Do not attempt to visit before approval. An application must be completed for all adults and minor children. Photocopies of this application will not be accepted. It is the visitor's responsibility to re-submit an updated application with any changes in the visitor's information. Failure to disclose updated information may be grounds for denying visiting privileges.

All visitors will be required to present their approved designated photo identification prior to each visit with the inmate. Children under the age of 16 are not required to present a photo identification. Minors under the age of 18 must be escorted by an adult. All visitors (adults and minors) may be subject to a routine search as explained in Prisons, Policy and Procedures F.0100, Operational Searches. All personal effects including handbags, diaper bags, cameras, recording devices, boxes, cell phones, pagers, and weapons must remain outside the facility. Under G.S. 14-258.1, it is a **felony** for anyone to bring any quantity of illegal drugs onto prison property and/or deliver illegal drugs to an inmate. The N.C. Department of Public Safety has the right to conduct drug interdictions at any N.C. prison facility. Anyone found in possession of illegal drugs on prison property or anyone who delivers or attempts to deliver illegal drugs to an inmate may be arrested and charged with a felony and have their visiting privileges permanently suspended from all prison facilities. Anyone refusing to cooperate with a drug interdiction, including the searching of their vehicle, property, and person may have their visiting privileges permanently suspended from all prison facilities. Visiting privileges may also be suspended or revoked for delivering or attempting to deliver contraband to an inmate.

It is the responsibility of the inmate to notify all approved visitors when the inmate's visitation privileges have been changed, revoked or suspended due to housing, disciplinary or control status changes.

**BY SIGNING BELOW, I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS. I ATTEST THAT THE INFORMATION ON THE REVERSE SIDE IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS FORM OR PRESENTING FALSE IDENTIFICATION WILL BE GROUNDS FOR DENYING VISITING PRIVILEGES AND IF APPROVED TO VISIT, I OR THE MINOR CHILD UNDERSTAND AND AGREE TO ABIDE BY THE VISITING GUIDELINES ESTABLISHED BY THE PRISONS.**

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

*If under 18, parent or legal guardian must sign.*

**APPLICATIONS MUST BE RETURNED TO FACILITY SUPERINTENDENT. DO NOT RETURN TO THE INMATE.**

If you do not furnish **ALL** the information requested, your application may be denied resulting in denial of visiting privileges. If you are approved to enter the facility, this form will be kept on file and subject to verification as to the correctness of the information at any time. The only persons or agencies who will have access to this information will be those who have legal access to private or confidential data maintained by the Prisons.

**PRISONS USE ONLY**

Received \_\_\_\_\_

Approved/Denied \_\_\_\_\_

Staff ID \_\_\_\_\_ Date \_\_\_\_\_

Staff ID \_\_\_\_\_ Date \_\_\_\_\_

Criminal Record Check \_\_\_\_\_

Visitor # \_\_\_\_\_

Staff ID \_\_\_\_\_ Date \_\_\_\_\_

NORTH CAROLINA PRISONS
APPLICATION FOR VISITING PRIVILEGES

APPLICANT INFORMATION Please print New Application Update Previous Application

Applicant Legal Name: Last Name / First Name / Middle Name / Maiden Name

Name of Parent/Legal Guardian if Minor Relationship to Minor

Date Of Birth Copy of Birth Certificate must be attached to application for minors under the age of 16.

Race: Sex: Applicant's Valid Driver License ID #: State Expires
Copy of the Driver License issued by State Division of Motor Vehicles must be attached to this application.

Street Address: Street Apt. # City State Zip Code

Mailing Address: If Different From Street Address Daytime Phone: Evening Phone:

Employer Information: Additional/Cell:

Name: Address: Street City/State/Zip Phone #

Inmate's Name: Inmate's #: Only one inmate per application

Relationship to the Inmate: (Mother, Father, Sister, Brother, Son, Daughter, Friend, etc)

Please Answer the Following Questions If additional space is needed, please attach a separate sheet to this application.

Are you or the minor child listed above, a victim of this inmate's current/prior crime? No Yes
Have you ever been an employee/volunteer/work release employer at any N.C. correctional facility? No Yes

If YES, When Where

Have you ever been an inmate housed in any N.C. correctional facility? No Yes
If YES, Facility Released From Date of Release

Are you NOW or have you ever been on probation, parole, or supervised release? No Yes
If YES, Date Probation, parole, or supervision ended or ends

Have you ever been convicted of a crime? (do not include minor traffic tickets) No Yes
Do you have ANY PENDING CHARGES against you? No Yes

If YES, Details
Have you ever been denied visiting privileges at any N.C. correctional facility? No Yes

If YES, Inmate Name Why

Are you on another inmate's visiting list at another N.C. correctional facility? No Yes

IF YES: Inmate Name Inmate # Relationship Facility

GOVERNMENT IDENTIFICATION REQUIRED TO VISIT: If a valid State Driver License was not listed above, the applicant must circle ONE of the three government issued identifications listed below that you will present when visiting. Enter ID number and expiration date in the space provided. You must submit a legible copy of the ID you have chosen with this application for processing. (Children under 16 are required to provide a Birth Certificate.)

- 1. Valid Photo ID Card from State of Residence ID#: State: Expires:
2. Valid Military Photo ID (Active Duty Only) ID#: Expires:
3. Valid Passport or Matricula Consular ID#: Expires:

DID YOU REMEMBER TO: SIGN THE APPLICATION, ATTACH A LEGIBLE COPY OF THE PHOTO ID OR BIRTH CERTIFICATE, ANSWER ALL THE QUESTIONS ABOVE, INDICATE YOUR RELATIONSHIP TO THE INMATE.