

**Great Falls Pre-Release Services, Inc.  
Visitor Application and Background Investigation Authorization Form**

The following information is to be completed by the VISITOR. By completing this request and authorization, you acknowledge that visitation of residents at this facility is a privilege. This privilege may be revoked or suspended for violation of rules, overcrowding, or as a result of suspicious behavior. You are required to know the rules of visitation and a brochure is available upon request.

**PLEASE PRINT ~ All spaces must be completely filled out before visiting is authorized.**

| Visitor Information       |                            |    |                                     |
|---------------------------|----------------------------|----|-------------------------------------|
| Visitor's Legal LAST Name | Visitor's Legal FIRST Name | MI | DMV or ID Card Number (Attach copy) |

|      |        |            |           |        |        |                              |    |      |   |
|------|--------|------------|-----------|--------|--------|------------------------------|----|------|---|
| Race | Gender | Hair Color | Eye Color | Height | Weight | MM                           | DD | YYYY | Place of Birth<br><small>County or City and State</small> |
|      |        |            |           |        |        | <small>Date of Birth</small> |    |      |   |

| Visitor's Current Mailing Address |                   |     |
|-----------------------------------|-------------------|-----|
|                                   |                   |     |
| Street Address                    | Home Phone Number |     |
| City or Town of Residence         | S tate            | Zip |

| Information on Resident You Want to Visit            |
|--|
| Resident's Incarcerated Name <i>(First and Last)</i> |
| Offender ID Number: _____                            |
| Your LEGAL Relationship: _____                       |

| Visitor Vehicle Information |       |      |       |                      |
|-----------------------------|-------|------|-------|----------------------|
| Make                        | Model | Year | Color | Plate Number & State |

| List First and Last Name of Visitors Under 18 Years of Age Accompanying You                                |  |  |
|--|--|--|
| <i>First &amp; Last Name:</i>  | <i>First &amp; Last Name:</i>  | <i>First &amp; Last Name:</i>  |
| Are you this child's parent or legal guardian?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you this child's parent or legal guardian?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you this child's parent or legal guardian?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

You must provide written notarized approval from the parent or legal guardian for visitors under 18 years old if you are not the parent or legal guardian of these visitors. *(Complete & attach additional forms for more than three children)*

| Please Answer the Following Questions                    |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony in any jurisdiction?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently under active parole or probation supervision? If so, P.O.'s Name: _____  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a victim of the current crime committed by the resident with whom you wish to visit?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been employed by, volunteered with, or contracted by Great Falls Pre-Release Services, Inc. within the last 12 months?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently approved to visit any other Great Falls Pre-Release resident? If so, Name: _____   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you authorize Great Falls Pre-Release Services, Inc. to conduct a Criminal Information Network Records check, or to verify any Department of Corrections records for accuracy of information provided on this form? |

**The above information is true and correct. I understand that providing false information on this form is grounds for denying visitation privileges. By signing this form you agree to obey the rules and regulations of visitation.**

|                                   |                    |
|-----------------------------------|--------------------|
| <b>Visitor's Signature:</b> _____ | <b>Date:</b> _____ |
|-----------------------------------|--------------------|

**Great Falls Pre-Release Services, Inc.**  
**Visitor Application and Transportation Approval or Denial**

The following information is to be completed by the **Resident** and must be accompanied by the **Visitor Application and Background Investigation Authorization Form**. If requesting transportation, please attach (paper-clip) copies of the driver's license, vehicle registration and proof of insurance. Failure to provide current or valid certification will result in denial of transportation.  
**PLEASE PRINT ~ All spaces must be filled-out/ Do NOT use staples. Return completed forms/attachments to your counselor.**

| Visitor Information       |                            |    |                                  |
|---------------------------|----------------------------|----|----------------------------------|
| Visitor's Legal LAST Name | Visitor's Legal FIRST Name | MI | Driver's License Expiration Date |

| Visitor Vehicle # 1 Information |       |                         |                    |                              |
|---------------------------------|-------|-------------------------|--------------------|------------------------------|
| Make                            | Model | Color                   | Plate Number/State | Registration Expiration Date |
| Insurance Company:              |       | Policy Expiration Date: |                    |                              |

| Visitor Vehicle # 2 Information |       |                         |                    |                              |
|---------------------------------|-------|-------------------------|--------------------|------------------------------|
| Make                            | Model | Color                   | Plate Number/State | Registration Expiration Date |
| Insurance Company:              |       | Policy Expiration Date: |                    |                              |

| Resident Request for Approval   |            |              |                         |
|---|------------|--------------|-------------------------|
| LAST Name   | FIRST Name | MI           | AO or Federal ID Number |
| I respectfully request that the above named Visitor be approved for <input type="checkbox"/> VISITATION <input type="checkbox"/> TRANSPORTATION |            |              |                         |
| If transportation is for other than Community Passes, include justification: _____  |            |              |                         |
| _____   |            |              |                         |
| <b>Resident Signature:</b>  |            | <b>Date:</b> |                         |

| Staff Endorsement/Approval   |      |                               |      |
|--|------|-------------------------------|------|
| The application and supporting documentation for the above named Visitor and Resident has been reviewed and  |      |                               |      |
| APPROVED / DENIED for: <input type="checkbox"/> VISITATION <input type="checkbox"/> TRANSPORTATION : <input type="checkbox"/> Work <input type="checkbox"/> Passes <input type="checkbox"/> Both |      |                               |      |
| <i>(Circle one)</i>  |      | <i>(Check all that apply)</i> |      |
| Comments/Remarks: _____  |      |                               |      |
| _____  |      |                               |      |
| Counselor/Case Manager   | Date | Treatment Services Director   | Date |

Copy to: Counselor  
 Resident