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.

Visitor Information

_____________________________ _______________________ _____ _______________________________

Visitor's Legal LAST Name Visitor's Legal FIRST Name MI DMV or ID Card # (Attach Copy)

_____ _____ _______ _______ ______ ______

Race Gender Hair Color Eye Color Height Weight

_____ _____ ______

MM DD YYYY

Date of Birth

____

Place of Birth

County or City and State

Visitor's Current Mailing Address

____________________________ ___________________

Street Address Phone Number

____________________________ _____ __________

City or Town of Residence State Zip Code

Information on Resident You Want to Visit

Resident's Incarcerated Name (First and Last)

____

Your LEGAL Relationship:_________________________

List First and Last Name of Visitors under 18 Years of Age Accompanying You

First & Last Name:	First & Last Name:	First & Last Name:
______________________________	______________________________	______________________________
Are you this child's parent or legal guardian?	Are you this child's parent or legal guardian?	Are you this child's parent or legal guardian?
□ Yes □ No	□ Yes □ No	□ Yes □ 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

□ Yes □ No Have you ever been convicted of a felony in any jurisdiction?

□ Yes □ No Are you currently under active parole or probation supervision? If so, P.O.'s Name:_____________________

□ Yes □ No Are you a victim of the current crime committed by the resident with whom you wish to visit?

□ Yes □ No Have you been employed by, volunteered with, or contracted by Great Falls Pre-Release Services, Inc. within the last 12 months?

□ Yes □ No Are you currently approved to visit any other Great Falls Pre-Release resident? If so, Name:___________________

□ Yes □ 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.

_____________________________________ ____________________

Visitor's Signature **Date**

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

_______	__________	__________	__________	____________	_____	____________________
Year	Make	Model	Color	Plate Number	State	Registration Expiration Date

Insurance Company: Policy Expiration Date:

Visitor Vehicle #2 Information

_______	__________	__________	__________	____________	_____	____________________
Year	Make	Model	Color	Plate Number	State	Registration Expiration Date

Insurance Company: Policy Expiration Date:

Resident Request for Approval

___________________________	______________________	_____	______________________________
Resident's LAST Name	Resident's FIRST Name	MI	DOC or Federal ID Number

I respectfully request that the above named visitor be approved for ☐ VISITATION ☐ TRANSPORTATION

If transportation is for other than Community Passes, include justification:____________________________________

____

Resident Signature: Date:

Staff Endorsement / Approval

The application and supporting documentation for the above named Visitor and Resident has been reviewed and APPROVED / DENIED for: ☐ VISITATION ☐ TRANSPORTATION ☐ Work ☐ Passes ☐ Both

Comments/Remarks:____

______________________________	________________	___________________________	____________
Counselor/Case Manager	Date:	Treatment Services Director	Date

Copy to: □ Counselor
□ Resident