MINNESOTA DEPARTMENT OF CORRECTIONS
VISITOR NOTIFICATION OF SEARCH

At this time you are being asked to submit to a:

☐ Pat Search due to wand alert (requires Lieutenant's or higher authority's signature)
☐ Pat Search due to reasonable suspicion (requires Warden's/Officer of Day's (OD's) signature)

☐ On-grounds Vehicle Search (requires Warden's/OD's signature)

Authority's Signature **Date**

Printed Name **Title**

- **Wand or Pat Search**: This search involves the use of an electronic wand to scan the body for the presence of foreign objects, and requires you to empty your pockets and remove your shoes and metal objects as appropriate. If the wand "alerts", you will then be asked to submit to a "pat" search. If the wand does not "alert," but the officer conducting the scan has a reasonable suspicion that contraband is present nonetheless, you may be asked to submit to a "pat" search. A "pat" search is conducted by an officer of the same gender, and involves patting the outside of your clothing.
- **On-grounds Vehicle Search:** conducted upon reasonable suspicion.

It is our intention to accomplish this search in as reasonable and dignified a way as possible. This procedure is necessary to protect incarcerated people/youth, staff, and guests, and we ask for your patience and cooperation. Failure to submit to this search could result in you being suspended from visiting this facility as well as all other Minnesota Correctional Facilities as required by the Visiting Restrictions for Visitors Grid (302.100C).

If you wish to obtain a review as to the reason a search was requested of your person and/or vehicle, you may submit a written request to the Warden within 15 days of the requested search. Send the request to the appropriate facility listed below.

TO BE COMPLETED BY VISITOR:

I certify that I have read the Visitor Notification and hereby advise that:

☐ I will ☐ I will not submit to the above stated search.

Visitor's Printed Name Visitor's Signature Date

OID:

Name of incarcerated person/youth that visitor is wishing to visit:

Relationship:

TO BE COMPLETED BY DOC STAFF:

Officer Signature Conducting the Search Second Officer's Signature (if applicable) Date

Printed Name of Officer Conducting the Search Printed Name of Second Officer (if applicable) Date

Completed forms to be kept on file in Control Center for future reference.

MCF-St. Cloud
2305 Minnesota Blvd.
St. Cloud, MN
56304-2424

MCF-Moose Lake
1000 Lake Shore Dr.
Moose Lake, MN
55767-9449

MCF-Oak Park Heights
5329 Osgood Ave. N.
Stillwater, MN
55082-0010

MCF-Stillwater
970 Pickett St. N.
Bayport, MN
55003-1490

MCF-Red Wing
1079Highway 292
Red Wing, MN 55066

MCF-Lino Lakes
7525 4th Avenue
Lino Lakes, MN
55014-1099

MCF-Faribault
1101 Linden Lane
Faribault, MN
55021-6400

MCF-Shakopee
1010 W. 6th Ave.
Shakopee, MN
55379

MCF-Rush City
7600 525th Street
Rush City, MN
55069

MCF-Togo
62741 County Road 551
Togo, MN 55723