DEPARTMENT OF CORRECTIONS

REGISTRATION & VISITING AGREEMENT

Incarcerated Person's Name: _____ OID: _____

Date of Visit: _____

Amount of Visiting Time Requested: (Check One) ☐ ***1 Hour*** ☐ ***2 Hours*** ☐ ***Approved Extended Visit***

Vehicle Description:

Year _____ Make _____ Model _____ License Plate #: _____

Adult Visitor 1 _____

Address _____

Adult Visitor 2 _____

Address _____

Adult Visitor 3 _____

Address _____

Adult Visitor 4 _____

Address _____

LOCKER NUMBER

_____

Children's Name & Birthdates

_____ Name _____ Birth date _____ Name _____ Birth date

_____ Name _____ Birth date _____ Name _____ Birth date

I understand that if in the process of entering, visiting in, or leaving the visiting area, contraband is discovered on my person or among my possessions, or if contraband is discovered on the person or among the possession of the person whom I visited, I and/or the person I visited will be subject to prosecution, placement on non-contact visiting status, and/or suspended from any State of Minnesota correctional facility as defined by the state visiting restriction grids and DOC policies. I understand that I am subject to search at any time, as is my property including my vehicle while on facility grounds.

I have read and understand the above. A copy of the facility visiting policy has been made available to me, and I understand that I will be held accountable for knowing the content of the same.

VISITOR SIGNATURES (Adults Only)

_____ **Visitor #1**

_____ **Visitor #2**

_____ **Visitor #3**

_____ **Visitor #4**

********** ***Office Use Only*** **********

Time at Information Desk: _____ ***Information Desk Officer:*** _____

IP's Unit Notified: _____ ***Visit End Time:*** _____ ***Seat Assignment*** _____