MAINE DEPARTMENT OF CORRECTIONS VISITOR APPLICATION

DIRECTIONS: Carefully read all parts of this application and complete all sections that apply to you and any minor you wish to bring to visit. **Incomplete applications will not be processed and false information may result in denial of visiting privileges**.

Resident's Name:		MDOC #	
		SITOR'S NAME ON EACH APPLICATION)	
Visitor's Printed Name:		Male Female	
Date of Birth:	Last four (4) digits of Social Security Number:		
Previous other legal name(s):			
Visitor's Street/Road Address (No	t a P.O. Box):		
City/Town:	State:	Zip code:	
Mailing Address (if different):			
Phone Number:	Email Address:		
Driver's License or State ID #:	State:		
Relationship to the Resident:			
Do you have a Juvenile or Adult C	riminal Record?	Yes	
<u>If ves</u> , list your adjudications and/o	or convictions:		
	(For extra space, use bac	k of form)	
LIST THE NAMES OF MINORS	THAT YOU WISH TO BRIN	G TO VISIT THIS RESIDENT	
Name:	DOB:	Relationship to Resident:	
Name:	DOB:	Relationship to Resident:	
Name:	DOB:	Relationship to Resident:	
I attest that I am a parent or legal guar guardian to bring the above-named m		r(s) or that I have authorization by a parent or legal	
Printed Name:	Signature:	Date:	
	1 7	ate, court adoption order, or court guardianship order. otarized permission from a parent or legal guardian	

SECTION 2: RESTRICTIONS

1) A minor (person under the age of 18) may not visit unless accompanied at the visit by a parent or legal guardian, or by another adult with the written permission of a parent or legal guardian and prior approval of Chief Administrative Officer, or designee. The only exception to this rule is for a minor who is married or emancipated by court order (attach certified copy of marriage certificate or court order of emancipation).

(other than a resident) to bring in the minor as a visitor.

- 2) A resident who is currently in the Department's legal custody for domestic violence, a sex offense, child abuse, or child neglect is prohibited from receiving a visit from the victim of the offense unless granted a waiver by the Commissioner, or designee.
- 3) A resident who has a current child protection case with DHHS is prohibited from receiving a visit from the child who is the

- subject of the case unless granted a waiver by the Commissioner, or designee.
- 4) A waiver will not be granted if it is contrary to a court order (e.g., custody order or protection order) or condition of bail or conditional release, administrative release, deferred disposition, probation, supervised release for sex offenders, supervised community confinement, parole, or community reintegration status of either the resident or the victim.
- 5) When a resident's parental rights have been terminated, the resident will not be allowed to receive a visit from the child while the child is still a minor.
- 6) If there is a current notification issued under Title 17-A, section 506-A, for a resident not to engage in harassing conduct against another person, the resident will not be allowed to receive a visit from that person.

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Note: For additional restrictions and information, see Department Policy 6.3, Contact with Victims, and Policy (AF) 21.4, Resident Visitation, which are available at each facility and at the Maine Dept. of Corrections website at

https://www.maine.gov/corrections/policies

SECTION 3: STATUTES M.R.S.A. TITLE 17-A, SECTION 757

A person is guilty of TRAFFICKING IN PRISON

CONTRABAND if that person intentionally conveys or attempts to convey contraband to any person in official custody. Contraband, for the purpose of this section, is defined as a dangerous weapon, any tool or other item that may be used to facilitate escape or any other thing that a person confined in official custody is prohibited by statute from making, possessing, or trafficking in or a scheduled drug. Examples of contraband are: guns, knives, cutting blades, files, drugs, including marijuana, and cellphones. Punishment may include imprisonment for up to 5 years.

M.R.S.A. TITLE 17-A, SECTION 757-A

A person is guilty of **TRAFFICKING OF TOBACCO** in an adult correctional facility if that person intentionally conveys or attempts to convey tobacco or tobacco products to a person confined in an adult correctional facility that has banned the use of tobacco or tobacco products by residents. Punishment may include imprisonment for up to 6 months.

THE MAINE STATE PRISON, THE MAINE CORRECTIONAL CENTER (EXCEPT FOR SOUTHERN MAINE RE-ENTRY CENTER) AND MOUNTAIN VIEW HAVE BANNED THE USE OF TOBACCO OR TOBACCO PRODUCTS BY RESIDENTS.

M.R.S.A. TITLE 17-A, SECTION 757-B

A person is guilty of **TRAFFICKING OF AN ALCOHOLIC BEVERAGE** in an adult correctional facility if that person intentionally conveys or attempts to convey an alcoholic beverage to a person confined in an adult correctional facility. Punishment may include imprisonment for up to 6 months.

SECTION 4: CLEARANCE NOTIFICATION

Applications are processed as quickly as possible. All visitors to facilities must wait until a criminal records check has been completed. This process is done by the State Bureau of Identification and may take several weeks. You will be notified in writing if you are not approved. The resident will notify you if you have been approved. Please do not call the facility asking whether you have been approved.

Each adult visitor is required to present government-issued picture identification, such as a driver's license. A minor visitor may be required to present a government-issued identification card or a certified birth certificate.

SECTION 5: PUBLIC TRANSPORTATION

There is no public transportation to or from any Maine Department of Corrections facility. Upon request, facility staff will make a phone available to visitors to call for transportation and will assist in facilitating transportation between the facility and nearby public transit terminals, if any.

SECTION 6: VISITATION MONITORING

It is possible that communications by or with residents made during visits will be listened to and/or recorded by an Investigative Officer or other employee of the Maine Department of Corrections authorized to exercise law enforcement powers. This does NOT apply to attorney/client privilege information.

SECTION 7: READ CAREFULLY

I understand and acknowledge the information given above. I acknowledge that I am subject to search prior to and as a condition for visiting at Department of Corrections facilities. I, and any minor I bring with me, will abide by the visitation rules set out in Department Policy (AF) 21.4, Resident Visitation, available at each facility and at the Maine Dept. of Corrections website at

https://www.maine.gov/corrections/policies and posted at the facility (including the visitor dress code). I understand that if I, or any minor I bring with me, violate the visitation rules, the visit may be terminated and my visiting privileges may be suspended.

The above is an overview. Please refer to Department Policies (AF) 21.4, Resident Visitation, and 6.3 Contact with Victims, available from each facility and at the Maine Department of Corrections website https://www.maine.gov/corrections/policies for a full explanation.

Applicant's Printed Name:				
Sig	nature of Applicant:	Date:		
Return completed application to:				
	Maine State Prison 807 Cushing Road Warren, ME 04864		Bolduc Correctional Facility 516 Cushing Road Warren, ME 04864	
	Mountain View Correctional Facility 1182 Dover Road Charleston, ME 04422		Southern Maine Women's Re-Entry Center c/o Maine Correctional Center 17 Mallison Falls Road Windham, ME 04062	
	Maine Correctional Center 17 Mallison Falls Road Windham, ME 04062		Downeast Correctional Facility Attention: Visits 64 Base Road Machiasport, ME 04655	