**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 #

# SECTION 1: APPLICANT INFORMATION (ONLY ONE APPLICANT’S NAME ON EACH FORM)

Applicant’s Printed Name:

Date of Birth:       Last four (4) digits of Social Security Number:

Previous other legal name(s):

Street/Road Address (Not 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 Criminal Record?  Yes  No

***If yes***, list your adjudications and/or convictions:

Have you ever worked, interned, or volunteered at any correctional or detention facility or jail?  Yes  No

***If yes***, where and when:

**LIST THE NAMES OF MINORS THAT YOU WISH TO BRING 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 guardian of the above-named minor(s) or that I have permission from a parent or legal guardian to bring the above-named minor(s) to visit this resident:

Printed Name:       Signature: Date:

Note: If listing a minor, attach certified copy of minor’s birth certificate, court adoption order, or court guardianship order. If you are not a parent or legal guardian of the minor, ALSO attach notarized permission from a parent or legal guardian (other than a resident) to bring in the minor as a visitor.

**SECTION 2: RESTRICTIONS**

# 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 the 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).

# A resident who is currently in the DOC’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.

# A resident who has an open 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. (Even if a resident has a closed DHHS child protection case, they may need a waiver.)

# 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.

# 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.

# 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.

Note: For additional restrictions and information, see DOC Policy 6.3, Contact with Victims, and Policy (AF) 21.4, Resident Visitation, which are available at each facility and at the DOC 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, MAINE CORRECTIONAL CENTER (EXCEPT FOR SOUTHERN MAINE WOMEN’S RE-ENTRY CENTER) AND MOUNTAIN VIEW MEDIUM UNIT 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 applicants 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.**

**At the time of each visit, an adult visitor is required to present government-issued picture identification, such as a driver’s license. A government-issued identification card or a certified birth certificate may be required to be presented for a minor visitor.**

# SECTION 5: PUBLIC TRANSPORTATION

# There is no public transportation to or from any DOC facility. Upon request, 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 a facility law enforcement officer. 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 a DOC facility. I, and any minor I bring with me, will abide by the visitation rules set out in DOC Policy (AF) 21.4,** **Resident Visitation, available at each facility and at the DOC 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 DOC Policies (AF) 21.4, Resident Visitation, and 6.3 Contact with Victims, available from each facility and at the DOC website** [**https://www.maine.gov/corrections/policies**](https://www.maine.gov/corrections/policies) **for a full explanation.**

Applicant’s Printed Name:

Signature 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** |