

State of Ohio Department of Rehabilitation and Correction

# Adult Visitor Application

<https://drc.ohio.gov/visiting>

**A LEGIBLE COPY OF YOUR PHOTO ID MUST BE PROVIDED**

## OFFICE USE ONLY

Staff Name: \_\_\_\_\_

Approved?  Yes  No

VOC Yes  No  UNAVAILABLE

CO-D Yes  No  UNAVAILABLE

NAMS1  Scope  VNAMS  VADDS

Full name as it appears on your ID (First, Middle, Last)			Date:
Date of Birth:	Driver's License/State ID Number:	Expiration:	Issuing State:
Full Residential Address, City, State, Zip Code			
Phone Number (INCLUDING AREA CODE):	Email Address:		
Incarcerated Person's Name:	Incarcerated Person's Number:	Institution:	

**Explanation and instructions:** This questionnaire will provide the institution with the information needed to determine the eligibility for visitation approval for the above-named incarcerated person. Please answer all questions fully, truthfully, and accurately. Failure to answer any question and/or falsification of any answer will result in disapproval of your application. Visitation applications can be denied if the visitor will not have a positive effect on the incarcerated person's attitude, behavior, overall adjustment, or reentry efforts.

My relationship to the incarcerated person is \_\_\_\_\_

Friends, please describe nature of friendship and if you knew the incarcerated person before they were incarcerated:

1. Have you ever been incarcerated in a prison in Ohio, another state, or any federal prison?  Yes  No

If yes, please explain below:

Date of Incarceration	State	Institution(s)	Convictions/Charges

2. Are you currently on probation or parole?  Yes  No

**If yes, you must include a letter from your probation/parole officer granting permission to visit.**

3. Are you now a party to any criminal action or proceeding?  Yes  No

If yes, please explain:

4. Have you ever been an accomplice or co-defendant of any crime committed by this incarcerated person?  Yes  No

If yes, please explain:

5. Have you ever been the victim of any crime committed by this incarcerated person?  Yes  No

*Victim is defined as: A person against whom the criminal offense or delinquent act is committed or who is directly and proximately harmed by the commission of the offense or act.*

If yes, please explain:

6. Is there any active protection order that involves you and the incarcerated person?  Yes  No

If yes, please explain:

7. Are you now or have you ever been employed by the DR&C? (Contract Employee, Volunteer, Intern or Unpaid Staff)  Yes  No

If yes, please explain:

Once your application is received it will be verified and either approved or denied. We will notify the incarcerated person you applied to visit of this action and any follow up needed. If you are approved you must register with [www.gtlvisitme.com](http://www.gtlvisitme.com) to make a visit reservation.

Applicant's Signature:	Date:
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State of Ohio  
Ohio Department of Rehabilitation and Correction  
**General Visiting Instructions**

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Welcome to our institution. We encourage your visits and support of your incarcerated person. To avoid any delay or termination of your scheduled visits, please keep in mind the information listed below when entering any ODRC Correctional Facility.

1. All visitors are subject to search. In order to make the process smoother, please abide by the rules within this document.
2. The following items may set off the metal detectors delaying entry and your visit.
  - \* Hairpins
  - \* Underwire bras
  - \* Certain boots and shoes
  - \* Clothing with multiple zippers
  - \* Excessive Jewelry
3. All attire worn into the facility must be worn for the duration of the visit; except appropriate outerwear such as a coat and gloves.
4. Appropriate undergarments must be worn (i.e., bra, slip, and underwear).
5. No additional clothing is permitted to be carried into the visit.
6. Inappropriate attire includes, but is not limited to:
  - a. See through clothing of any kind, including torn or ripped jeans or any holes in clothing. No skin shall be visible through clothing.
  - b. Halter/tube tops, cropped tops, tank tops and/or muscle shirts are prohibited.
  - c. Any outfit that inappropriately exposes undergarments.
  - d. Skirts, dresses, skorts, shorts, and culottes with a hem or split cannot be above the mid-knee.
  - e. Wrap around skirts/dresses or break-away pants.
  - f. Clothing with any gang related markings.
  - g. Clothing with obscene and/or offensive pictures, slogans, language and/or gestures.
  - h. No skin tight clothing (i.e. jeggings, leggings, spandex or tights).
- 7) No electronic devices (i.e. smart watches, cell phone, pager etc.).
- 8) No Purses, handbags, backpacks, or similar items.
- 9) No strollers will be permitted. Infant carriers are permitted however, are subject to regular search procedures. Clear bags may be used for diaper bags and may include:
  - a. A reasonable number of diapers and baby wipes
  - b. Baby wipes in a clear bag or container
  - c. Three clear plastic baby bottles
  - d. Three clear plastic containers of baby food
  - e. One Pacifier
- 10) Medical Needs: Pacemakers must have medical documentation to support passage through the metal detector. Prescription medications are authorized and must only be those taken during the visit and must be logged in entry at officer's desk. Oxygen, heart monitors, wheelchairs, crutches, walkers and inhalers are permitted. In order to eliminate any undue delays, please advise staff of any special needs or equipment when scheduling your visit.

I understand the ODRC General Visiting Instructions listed above:

Visitor Signature:	Date:
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ODRC Staff:	Date:
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# Declaration of Understanding

The Ohio Department of Rehabilitation and Correction has a zero tolerance for the conveyance of drugs, alcohol, and weapons into its correctional institutions. Any such act will constitute a violation of section 2921.36 of the Ohio Revised Code which states in part that “No person shall knowingly convey, or attempt to convey, onto the grounds of a detention facility (including prisons, owned and operated by the Ohio Department of Rehabilitation and Correction) or of an institution that is under the control of the department of mental health or the department of mental retardation and developmental disabilities, any of the following items:

- (1) Any deadly weapon or dangerous ordnance, or any part of or ammunition for use in such deadly weapon or dangerous ordnance;
- (2) Any drug of abuse, as defined in section 3719.011 of the Revised Code;
- (3) Any intoxicating liquor, as defined in section 4301.01 of the Revised Code;
- (4) Cash;
- (5) Cellular telephone, two-way radio, or other electronic communication device.
- (6) Any product that contains tobacco including but not be limited to cigarettes, loose tobacco, cigar, snuff, chewing tobacco, or any other preparation of tobacco, tobacco substitutes, smoking paraphernalia (i.e., matches, lighter, cigarette papers, and rolling machine)

Every effort will be made to prosecute to the fullest extent of the law, any person found to be in violation of this section of the Ohio Revised Code.

I have read or it has been read to me, and I understand the above declaration. I will not bring any weapon, dangerous ordnance, ammunition, drug, intoxicating liquor, cash, cellular telephone, two-way radio, or electronic communication device into the prison.

Visitor

Contractor

Volunteer

Other

Name (typed or printed):	
Signature:	Date:
Witness:	Date: