

Name:

Visitor Application

For Office Use Only

DOTS Check			
VNAMS			
File Check			
VOC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable
Co-D	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable

Print Name:

(Please enter your name **EXACTLY** as it appears on your driver's license/state issued ID)

To:			Date:		
Name:	LAST	FIRST	MIDDLE	Institution:	
Street Address:			Offender's Name:		
City:	State:	Zip Code:		Offender's Number:	

You must provide a copy of your bona fide identification (Driver's license, State ID, etc)

EXPLANATION AND INSTRUCTIONS: This questionnaire will provide the institution with the information needed to determine your eligibility for approval as a visitor for the above named offender. 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.

I am a: Friend Relative, specify relationship: _____

1. Complete the following:

Driver's License Number/State ID:		Issuing State:	Expiration:
Date of Birth (MM/DD/YYYY):	Phone Number (INCLUDING AREA CODE):	Email Address:	

2. If you are the parent of any child by this offender, please complete the following. You must provide verification the offender is the parent of each child such as a copy of the child's birth certificate. If the offender is not named on the child birth certificate, you may provide other documentation such as DNA Paternity Test Results, Court-ordered custodial papers, Affidavit of Paternity, etc.

NAME OF INMATE'S CHILD			DOB
Last	First	Middle	MM/DD/YYYY

3. Have you ever been incarcerated in a DR&C Institution in Ohio?
 Yes No If yes, enclose a copy of your final release paper. Also, list:

Date of Incarceration	State	Institution(s)	Convictions/Charges

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

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

If you answered "yes" to questions 4 or 5 attach a letter detailing any indictments, convictions, sentencing information, details of the offense, State and County involved, name and phone number of your probation/parole officer. Also include a letter from your probation/parole officer granting permission to visit.

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

Location/Institution:	Position/Job Title:	Dates:
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7. Have you ever been an accomplice or co-defendant of any crime committed by this offender? Yes No

If yes, please explain: _____

8. Have you ever been the victim of any crime committed by this offender? Yes No

If yes, please explain: _____

If your application to visit is accepted, your initial status will be tentatively approved pending verification of your identity at the time of your first visit. If accepted after this verification, your status will be changed to approved. It is the offender's responsibility to notify you of your status.

I certify all answers to the above are true to the best of my knowledge.

Signature of Applicant:	Dates:
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RETURN PROMPTLY TO:

Institution Name: _____ Contact Person: _____

Address: _____

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:

State of Ohio
Ohio Department of Rehabilitation and Correction
General Visiting Instructions

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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