

**MAINE DEPARTMENT OF CORRECTIONS
VISITOR APPLICATION**

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

PRISONER'S NAME: _____ **MDOC #** _____

SECTION 1: VISITOR INFORMATION (ONLY ONE VISITOR'S NAME ON EACH APPLICATION)

Visitor's Printed Name: _____ Male Female

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

Maiden name or other legal name(s), as applicable: _____

Visitor's Street/Road Address (Not a P.O. Box): _____

City/Town: _____ State: _____ Zip code: _____

Phone Number: _____ Email Address: _____

Mailing Address (if different): _____

Driver's License #: _____ State: _____ Relationship to the Prisoner: _____

Do you have a Juvenile or Adult Criminal Record? _____

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

(For extra space, use back of form)

SECTION 2: RULES. (1) Individuals under the age of 18 may not visit unless they are 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 minors who are married or emancipated by court order (attach copy of marriage certificate or court order of emancipation). **(2)** A prisoner convicted of or otherwise known to have committed child abuse or neglect or a sex offense against a minor or domestic violence is prohibited from visiting with the victim(s) of the offense without prior approval of the Commissioner, or designee. Approval will not be granted if it is contrary to a court order (e.g., custody order or protection order) or condition of probation or supervised release for sex offenders. **(3)** When a prisoner's parental rights have been terminated, the prisoner will not be allowed to receive a visit from the child while the child is still a minor. **(4)** If there is a current notification issued under Title 17-A, section 506-A, for a prisoner not to engage in harassing conduct against another person, the prisoner will not be allowed to receive a visit from that person. **(5)** Only one (1) email address allowed per application. It is your responsibility to notify the facility if the listed email address is changed.

LIST THE NAMES OF MINOR CHILDREN YOU ARE THE PARENT OR LEGAL GUARDIAN OF AND THAT YOU WILL BE BRINGING TO VISIT THIS PRISONER.

Name: _____ DOB: _____ Relationship to Prisoner _____

Name: _____ DOB: _____ Relationship to Prisoner _____

Name: _____ DOB: _____ Relationship to Prisoner _____

I attest that I am the parent or legal guardian of the above named minor(s).

Printed Name: _____ Signature: _____ Date: _____

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SECTION 3:

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 prisoners.

Punishment may include imprisonment for up to 6 months.

THE MAINE STATE PRISON, THE MAINE CORRECTIONAL CENTER AND MOUNTAIN VIEW HAVE BANNED THE USE OF TOBACCO OR TOBACCO PRODUCTS BY PRISONERS.

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 prisoner 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 government-issued identification, such as a State of Maine identification card or a certified birth certificate.

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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: 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 CHILD I BRING WITH ME, WILL ABIDE BY THE RULES OF VISITING AS POSTED IN MAINE DEPARTMENT OF CORRECTIONS FACILITIES. I understand if I, or the minor child I bring with me, violate the rules for visiting, the visit may be terminated and my visiting privileges may be suspended.

Applicant's Printed Name: _____

Signature of Applicant: _____ Date: _____

Return completed application to:

- | | |
|---|--|
| <input type="checkbox"/> Maine State Prison
807 Cushing Road
Warren, ME 04864 | <input type="checkbox"/> Maine Correctional Center
17 Mallison Falls Road
Windham, ME 04062 |
| <input type="checkbox"/> Downeast Correctional Facility
64 Base Road
Machiasport, ME 04655 | <input type="checkbox"/> Bolduc Correctional Facility
516 Cushing Road
Warren, ME 04864 |
| <input type="checkbox"/> Charleston Correctional Facility
1202 Dover Road
Charleston, ME 04422 | <input type="checkbox"/> Southern Maine Women's Re-Entry Center
c/o Maine Correctional Center
17 Mallison Falls Road
Windham, ME 04062 |
| <input type="checkbox"/> Mountain View
1182 Dover Road
Charleston, ME 04422 | |