

**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: _____

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

Visitor's Printed Name: _____ Date of Birth: _____

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

City/Town: _____ State: _____ Phone Number: _____

Mailing Address (if different): _____

Social Security #: _____ Driver's License #: _____ State: _____

Relationship to the Prisoner: _____ Do you have a Criminal Record? _____

If yes, list your convictions: _____
(For extra space, use back of form)

SECTION 2: RULES REGARDING MINORS. (1) Individuals under the age of 18 may not visit unless they are accompanied at the visit by an immediate family member or legal guardian. 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 a sex offense or child abuse against a minor is prohibited from visiting with the victim(s) of the offense without prior approval of the Chief Administrative Officer, 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. **(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.

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 _____

Name: _____ DOB: _____ Relationship to Prisoner _____

I attest that I am the parent or legal guardian of the above named minors.

Printed Name: _____ Signature: _____

Date: _____

SECTION 3:

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

A person is guilty of **TRAFFICKING IN PRISON CONTRABAND** if:

- a. That person intentionally conveys or attempts to convey contraband to any person in official custody; or,
- b. Being a person in official custody, he intentionally makes, obtains, or possesses contraband.

Contraband, for the purpose of this section, is defined as a dangerous weapon, any tool or other thing that may be used to facilitate escape or any other thing that a person confined in official custody is prohibited by statute from making or possessing. Examples of contraband are: weapons, cutting blades, files, drugs, including marijuana, and alcohol. 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 adult correctional facilities if:

- a. 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; or
- b. That person is confined in an adult correctional facility that has banned the use of tobacco or tobacco products by prisoners and the person intentionally obtains or possesses tobacco or tobacco products.

ALL MAINE DEPARTMENT OF CORRECTIONS FACILITIES HAVE BANNED THE USE OF TOBACCO OR TOBACCO PRODUCTS BY PRISONERS. Punishment may include imprisonment for up to 6 months.

SECTION 4: CLEARANCE NOTIFICATION

Applications are processed as quickly as possible. All visitors to facilities with secure perimeters must wait until a criminal records check has been completed. This process is done by the State Bureau of Identification and takes approximately six weeks. The prisoner will be notified of the visitor's clearance status and it shall be the prisoner's responsibility to notify you of your clearance. **Please do not call the facility for clearance information.**

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 birth certificate.

SECTION 5: 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 CHILDREN 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 children 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:

Maine State Prison
807 Cushing Road
Warren ME 04864

Maine Correctional Center
17 Mallison Falls Road
Windham ME 04062

Bolduc Correctional Facility
516 Cushing Road
Warren ME 04864

Charleston Correctional Facility
1202 Dover Road
Charleston ME 04422

Downeast Correctional Facility
HCR 70 Box 428
Bucks Harbor ME 04655

Central Maine Pre-Release Center
Box 8
Hallowell ME 04347

Women's Reentry Center
106 Hogan Rd. Suite 8
Bangor ME 04401