

# Minnesota Sex Offender Program

## Visiting application form

Please ensure all spaces are completely filled out so that this application to visit may be accepted for processing.

<b>Client</b>											
Last			First			Middle					
<b>Visitor</b>											
Last		First	Full Middle		(Maiden)	DOB (MM/DD/YYYY)		AGE	SEX	Male	Female
Mailing Address: Number Street Apt #					City		State		Zip Code		
Relationship to Client (e.g., Mother, Friend)					Area Code/Phone Number		Area code/Cell Phone Number				
Support Visitor/Spiritual representative/Volunteer Agency Affiliation					Area Code/Phone Number		Area code/Cell Phone Number				
Emergency Contact					Area Code/Phone Number		Area code/Cell Phone Number				

**Anyone under 18 years of age must be escorted by his/her custodial parent or legal guardian.**

A copy of each minor's state/county certified birth certificate must be included with the application to confirm identification before the minor will be allowed to visit. If a child is escorted by an adult other than his or her parent or legal guardian, a signed authorization by the child's parent(s) must accompany the birth certificate. **Full name and date of birth** of all children **under age 18** whom I wish to have eligible to visit:

Have you ever been a resource/volunteer/contractor/consultant/intern/professional visitor/former employee at MSOP or MN Dept. of Corrections or previously provided services to MSOP clients or the facility as a whole?		No    Yes (If yes, requires review by facility directors and clinical directors)
If Yes, When:		and Where:
<b>Please Note:</b> A criminal history may not necessarily result in a denial of the application.		
Have you EVER been convicted of a FELONY? ***		No    Yes
If Yes, When:		and Where:
Have you ever had a felony conviction reverted to a misdemeanor or expunged? ***		No    Yes
If Yes, When:		and Where:
Do you have ANY PENDING CRIMINAL CHARGES against you? ***		No    Yes
If Yes, When:		and Where:
Are you on another client's visiting list at any MN DHS facility?		No    Yes
If Yes, Client name and relationship:		and Where:
Are you NOW on probation, parole, or supervised release?		No    Yes
If Yes, you must have your agent's approval signature:		

Agent's Printed Name    Date	Area code / Phone number
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\*\*\*NOTE: Attach a letter of explanation

420-5100a (4/2022)

<b>PROPER IDENTIFICATION WILL BE REQUIRED TO VISIT. Select ONE of the five identifications listed below.</b>	
Valid Driver's License from State of Residence	ENTER ID NUMBER HERE:
Valid Photo ID card from State of Residence	ENTER ID NUMBER HERE:
Valid Military Photo ID (Active Duty Only)	ENTER ID NUMBER HERE:
Valid Passport (If Resident of Foreign Country)	ENTER ID NUMBER HERE:
Valid Tribal ID	ENTER ID NUMBER HERE:

The facility will use the information requested on this form to determine whether or not to approve you to enter the facility as a visitor. You are not legally required to provide this information, but failure to do so may result in the denial of your application to enter the facility. An annual check with law enforcement will be made to find out whether or not you have a criminal record. If you are approved for entering the facility, this form and the results of the criminal history will be kept on file. If you are not approved, they will be destroyed. The only persons or agencies which will have access to this information will be those who have legal access to private or confidential data maintained by the Minnesota Department of Human Services.

Minnesota Statutes 243.55 makes it a felony for a person to bring, send, possess or introduce into MSOP, or within or upon the grounds or land belonging to MSOP, any controlled substance as defined in Minnesota Statutes section 152.01, subdivision 4, or any firearms, weapons or explosives.

It also makes it a gross misdemeanor to possess or introduce into MSOP, or within or upon the grounds or land belonging to MSOP, any intoxicating or alcoholic liquor or malt beverage.

All persons and their belongings entering this facility or upon the grounds thereof may be subject to search for contraband articles at any time. Admittance will be denied to anyone refusing to subject their person or belongings to a search.

**THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS FORM IS GROUNDS FOR DENYING VISITS. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS. I UNDERSTAND THAT VISITS MAY BE MONITORED BY DIRECT STAFF PRESENCE AND/OR VIDEO AND/OR AUDIO RECORDED.**

Signature	Date
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NOTICE: Visits are not allowed until you have received notification that your application to visit has been approved.

**Return completed application to: Visiting Room**

MSOP Moose Lake 1111 Hwy.73 Moose Lake, MN 55767	OR	MSOP St. Peter 100 Freeman Drive St. Peter, MN 56082	OR	Community Preparation Services-MSOP St. Peter ATTN: Michelle Sexe 100 Freeman Drive St. Peter, MN 56082
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<b>OFFICE USE ONLY</b>	
Background check results received:	DATE RECEIVED:
Date Forwarded:	CLIENT ID:
	APPLICATION #:

Primary Therapist:

Final resolution

APPROVED

DENIED

ADA2 (12-12)

This information is available in accessible formats for individuals with disabilities by calling 651-431-5800 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

420-5100a (4/2022)