

You will only be contacted if your application is denied. Call 320-214-6700 ext 3670 for information on approval.

NOTICE: ALL FORMS OF COMMUNICATION ARE SUBJECT TO MONITORING

All spaces must be completely filled out before this visit application will be accepted for processing

Please Print

**KANDIYOHI COUNTY JAIL
VISITING PRIVILEGE APPLICATION FORM**

Rec #. _____
C. Ck. _____

Appr. _____
Den. _____

Offender

Last First Middle

Visitor

Last First Full Middle Date of Birth Mo. Day Yr. Maiden Age Sex

Address

Number Street Apt # City State Zip Code

Relationship to Offender (e.g., Mother, Friend) _____

Area Code/Phone Number

ANYONE UNDER 18 YEARS OF AGE MUST BE ESCORTED BY THEIR PARENT OR LEGAL GUARDIAN. Prior to the day of visiting, a copy of each minor's state/county certified birth certificate (not the hospital copy) must be presented to confirm identification before the minor will be allowed to visit. If children are escorted by an adult other than their parent or legal guardian, a signed and notarized authorization by the child's parent(s) must accompany the birth certificate.

FULL NAME AND DATE OF BIRTH of all children **UNDER AGE 18** that I wish to have eligible to visit: Prior to the day of visiting, a copy of each minor's birth certificate must be presented to confirm identification before minor is allowed to visit.

Full Name DOB Full Name DOB Full Name DOB

Full Name DOB Full Name DOB Full Name DOB

Have you ever been a resource/volunteer/employee at a MN correctional facility? No Yes
If Yes, When _____
and Where _____

Have you EVER been convicted of a FELONY? *** No Yes

Have you ever had a felony conviction reverted to a misdemeanor or expunged? *** No Yes

Do you have ANY PENDING CHARGES against you? *** No Yes

***NOTE: Attach a letter of explanation if necessary.

Are you on another offender's visiting list at any MN correctional facility? No Yes

If Yes: _____
Offender Name Relationship Facility

Are you NOW on probation, parole, or supervised release? No Yes If Yes, you must have your agent's approval and signature

Probation Agent's Printed Name and Signature Date Area Code/Phone Number

PROPER IDENTIFICATION WILL BE REQUIRED FOR EVERY VISIT. Photo copies of ID's, School ID's and Work ID's are not Valid forms of identification and will not be accepted. Select ONE of the four identifications listed below.

CIRCLE TYPE OF PICTURE ID AND ENTER ID NUMBER in this space _____

- 1. Valid Driver's License from State of Residence
- 2. Valid Photo ID Card from State of Residence
- 3. Valid Military Photo ID (Active Duty Only)
- 4. Valid Passport (If Resident of Foreign Country)

The information requested on this form will be used by the institution to determine whether or not to approve you to enter the institution as a visitor. You are not legally required to provide this information, but failure to do so may result in not allowing you to enter the institution. A check with law enforcement will be made to find out whether or not you have outstanding warrants. The only persons or agencies who will have access to this information will be those who have legal access to private or confidential data maintained by the Kandiyohi County Sheriff's Office. If you are approved for entering the institution, this form will be kept on file. If you are not approved, they will be destroyed. Upon entry to the institution for visitation, all personal property (cell phones, purses, diaper bags, etc) must be secured in your vehicle or in the lockers provided. Visiting rules and restrictions are posted in the Jail lobby. Any visitation misconduct will lead to loss of visiting privileges. All visitors must be fully clothed, including shoes. Any attire that exposes the body to the degree that it violates appropriate dress for a public facility will not be permitted. The visiting staff will determine what is appropriate visiting dress. The staff's decision is final. Visitors who are refused will have the opportunity to leave the facility in order to change clothing and return for a visit without penalty. Additional guidelines include, but are not limited to:

- * all visitors must wear undergarments
- * no spandex/lycra, leggings, or other form fitting clothing
- * all shorts, skirts, dresses, or slits in skirts/dresses must be mid-thigh or longer when seated
- * no low-cut or v-cut, scoop necklines, or other tops with allow cleavage to show
- * no halter tops, crop tops, tank tops, tops with cut-out backs, or tops with large armholes which reveal undergarments
- * no sheer or see-through clothing
- * no electronic devices, such as pagers, cell phones, laptops

MSA 243.55 CONTRABAND ARTICLES; EXCEPTIONS; PENALTY.

Subdivision 1. Any person who brings, sends, or in any manner causes to be introduced into any state correctional facility or state hospital, or within or upon the grounds belonging to or land controlled by any such facility or hospital, any controlled substance as defined in section 152.01, subdivision 4, or any firearms, weapons, or explosives of any kind, without the consent of the Warden thereof, shall be guilty of a felony and, upon conviction thereof, punished by imprisonment for a term of no less than three, nor more than five years. Any person who brings, sends, or in any manner causes to be introduced into any state correctional facility or within or upon the grounds belonging to or land controlled by the facility, any intoxicating or alcoholic liquor or malt beverage of any kind without the consent of the Warden thereof, shall be guilty of a gross misdemeanor. The provisions of this section shall not apply to physicians carrying drugs or introducing any of the above-described liquors into such facilities for use in the practice of their profession; nor to sheriffs or other peace officers carrying revolvers or firearms as such officers in the discharge of duties. All persons and their belongings entering this institution 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 VISITING PRIVILEGES. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature _____ Date _____

Return completed application to:

Kandiyohi County Jail Visitation
2201 NE 23rd St.
Willmar, MN 56201
(320)214-6700 ext 3670
Fax (320) 231-6504