

Please Print

Spring Creek Correctional Center Adult Visitor Application Form

Visitor ID: _____
(Completed by Visiting Sergeant)

| | | | | |
|--------------------|---------------------|----|------------|--------|
| Prisoner Last Name | Prisoner First Name | MI | Offender # | Module |
|--------------------|---------------------|----|------------|--------|

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

Please complete this form if you wish to visit this prisoner. By completing this form, you acknowledge that visitation of prisoners at SCCC is a privilege. This privilege may be revoked or suspended for violation of rules, result of inappropriate behavior, or overcrowding. Once this form has been completely filled out mail it to the address below.

Spring Creek Correctional Center: Attention Visiting Sergeant 3600 Bette Cato Avenue, Seward, AK 99664

READ CAREFULLY: All questions must be answered. Any omission or falsification of this questionnaire will be sufficient reason to deny or cancel visiting privileges. If the potential visitor is a minor, the Minor Visitor Application form must be completed by a Parent or Legal Guardian. The Minor Visitor Application form can not be completed by a SCCC prisoner even if the prisoner is a parent.

| | | | | | |
|--------------------------|---------------------------------|--|--------------------|--|----------------|
| Name (Last) | Name (First) | MI | Suffix i.e. Jr/III | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Marital Status |
| Date of Birth | Social Security Number | ID Type | ID Number | | |
| Home Telephone Number | Physical Address | Mailing Address | | | |
| Relationship to Prisoner | Number of Years/ Month known | *This information will be used to perform a background check to ensure that you meet the criteria and are eligible to enter Spring Creek Correctional Center. Disclosure of your Social Security number is mandatory if you wish to be granted visitation privileges. Information received may be shared with other law enforcement agencies when appropriate. | | | |

Please supply the following information and/or check the appropriate box

| Y | N | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you visited with other Alaska DOC prisoners in the last year? If yes, indicate the prisoner(s) and the location(s): |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in illegal or criminal activity with the above named prisoner? If yes, when and where? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you any criminal matters pending, wants, warrants or have been in custody in the last 90 days anywhere. If yes, please describe: |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a felony in any jurisdiction? If yes, state the date, place, and nature of the conviction on an attached paper. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under active Parole, Probation Supervision or any other type of supervision? If yes, state the name of your supervising probation/parole officer and the address and telephone number where he/she can be contacted. Individuals on probation or parole <u>cannot</u> visit without written permission from their Probation Officer <u>and</u> the Superintendent's approval. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a victim of the current or past crime committed by the prisoner with whom you wish to visit? If yes, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any of your minor visitor(s) a victim of the prisoner with whom you wish to visit? If yes, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been an employee/volunteer/contractor for the Department of Corrections? If yes, when and where? |

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 will result in not allowing you to enter the institution.

I have read and understand the above statements. I certify the above information I submitted is true and correct. I understand that untruthful or misleading answers or deliberate omissions will be cause for the rejection of my application, removal of my name from eligible visitor lists, or termination of my visiting privileges, if approved. I understand that a background check will be conducted; including my arrests and convictions. I hereby authorize release to the Superintendent of Spring Creek Correctional Center any record of criminal offenses for which I have been arrested and convicted, and any information related to those convictions.

Applicant Signature
Form SCCC 810.02A
Revised 1/13

Date

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