

## Spring Creek Correctional Center Minor Application Form

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

Please Print

### Spring Creek Correctional Center Visitor Minor(s) Application

|                      |            |    |        |  |  |       |  |  |     |      |  |  |  |  |
|----------------------|------------|----|--------|--|--|-------|--|--|-----|------|--|--|--|--|
|                      |            |    |        |  |  |       |  |  |     |      |  |  |  |  |
| Prisoner's Last Name | First Name | MI | OTIS # |  |  | House |  |  | Mod | Date |  |  |  |  |

| Minors' Names<br><small>Last, First, Middle</small> | Date of Birth<br><small>MM/DD/YYYY</small> | Social Security # | Relationship to Prisoner | Gender  |
|---|--|-------------------|--------------------------|---|
|   |  |                   |                          | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|   |  |                   |                          | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|   |  |                   |                          | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|   |  |                   |                          | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|   |  |                   |                          | <input type="checkbox"/> Male <input type="checkbox"/> Female |

List all minors who will be brought into visiting by the approved legal guardian/parent.

|   |  |                                      |                             |
|---|--|--------------------------------------|-----------------------------|
| Name of custodial parent/ legal guardian(s) who will bring minor(s) to visit* |  | Visitor's relationship to minor(s) * |                             |
|   |  |                                      |                             |
| Home Telephone Number   |  | Physical Address of Guardian         | Mailing Address of Guardian |

**Minors and their custodial parent/ legal guardian must be on a prisoner's approved visiting list before being allowed to visit.** Minors shall be accompanied by their custodial parent, legal guardian or, other approved adult of the minor's immediate family. Birth certificate and if needed a proof of legal guardianship for each minor brought to visit. Notarized statements of approval from the custodial parent(s) for another adult to bring the child will not be accepted. If the parent name has changed since the birth certificate was issued a marriage certificate or legal name change will need to be provided as well. A picture ID will also be required for children over 16 years old. If these rules are not followed the minor will not be allowed to visit at SCCC.

**On a minor's 18<sup>th</sup> birthday, they will automatically be removed from an inmate's visiting list without prior notice. The visitor will need to submit a SCCC Adult Visiting Application to visit an offender at SCCC. Visitors may not bring this form to visiting and visit the same day. Visiting applications must be mailed in to be processed. Prisoners will notify visitors when they have been approved.**

As custodial parent/legal guardian I give my consent for the above minor children to visit, \_\_\_\_\_, a prisoner at Spring Creek Correctional Center. I acknowledge that the minor(s) listed above are not the **victim(s)** of the offender, nor are they immediately related to any **victim(s)** of the offender (i.e. brother, sister, step-brother, step-sister, half brother, half sister.) I recognize if I fail to supervise and provide appropriate control of my children during a visit, the visit may be terminated, and could result in the temporary or permanent loss of visiting privileges.

\_\_\_\_\_  
Custodial Parent or Legal Guardian's Signature of acknowledgement of above statement

\_\_\_\_\_  
Date

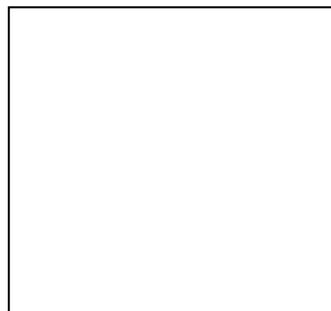
State of \_\_\_\_\_

County of \_\_\_\_\_

Signed before me on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_



Notary Seal

**Special Projects Sergeant – Date form arrived**

|   | Yes                      | No                       | Comments |
|---|--------------------------|--------------------------|----------|
| Form has been completed correctly                                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| If No, prisoner notified visitor is rejected?                           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Prisoner has current visiting IDRs                                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Visitor on Barred List and/or have warnings present in visitor comments | <input type="checkbox"/> | <input type="checkbox"/> |          |

Printed Name and Initials of Special Project Sergeant \_\_\_\_\_ Date \_\_\_\_\_

**Operations – Background Check–**  
Attach computer printouts to form

|  | Yes                      | No                       | Comments |
|--|--------------------------|--------------------------|----------|
| <b>Review Prisoner File and ACOMS</b>                  |                          |                          |          |
| Co-defendant   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Victim   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Relationship Verified                                  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Criminal History Background Check in NCIC/NLETS</b> |                          |                          |          |
| Probation/Parole                                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Wants/Warrants   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Criminal History                                       | <input type="checkbox"/> | <input type="checkbox"/> |          |

Printed Name and Initials of Officer inspecting prisoner's file/ACOMS \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Officer completing computer background check \_\_\_\_\_ Date \_\_\_\_\_

**Custody/Security – Institutional Security Concerns**

|                    | Yes                      | No                       | Comments |
|--------------------|--------------------------|--------------------------|----------|
| Recommend Approval | <input type="checkbox"/> | <input type="checkbox"/> |          |

Printed Name and Initials of Security Officer/Sgt \_\_\_\_\_ Date \_\_\_\_\_

**Special Projects Sergeant - Review application.** If disapproval is recommended, forward to Superintendent (or designee) for final decision.

**Superintendent (or designee) – Final Recommendation**

|          | Yes                      | No                       | Comments |
|----------|--------------------------|--------------------------|----------|
| Approval | <input type="checkbox"/> | <input type="checkbox"/> |          |

Initials of Superintendent's (or designee's) \_\_\_\_\_ Date \_\_\_\_\_

**Special Projects Sergeant- Final Completion**

|   | Yes                      | No                       | Comments |
|---|--------------------------|--------------------------|----------|
| If Rejected, Prisoner notified                                    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| If Approved, Letter mailed  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| If Yes, Visitor's data entered into ACOMS                         | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Original form sent to Prisoner's File                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Copy of form forwarded to be filed in visiting binder at Post 12. | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Prisoner sent notice of final outcome                             | <input type="checkbox"/> | <input type="checkbox"/> |          |

Printed Name and Initials of Special Project Sergeant \_\_\_\_\_ Date \_\_\_\_\_