

REQUEST FOR MINOR VISITATION APPLICATION

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION

SFN 54292 (05-2024)

The policy of the North Dakota Department of Corrections and Rehabilitation states that all visitors who are minors will be escorted by a parent or legal guardian.

Exceptions to this policy will only be made in rare circumstances. In those circumstances this form must be fully completed, signed by the legal parent or legal guardian or the minor, and the signature must be notarized.

- All spaces must be filled out or the application will be rejected.
- A separate application is needed for **each parent/legal guardian** and the children that person is responsible for.
- The parent or legal guardian signature must be notarized.
- Return signed and notarized form to the appropriate facility (mailing addresses on page 2)

RESIDENT DETAILS

Today's Date	Resident Number	Resident First Name	Resident Last Name
Resident Is At			
<input type="checkbox"/> Dakota Women's Correctional and Rehabilitation Center	<input type="checkbox"/> Heart River Correctional Center		
<input type="checkbox"/> James River Correctional Center	<input type="checkbox"/> Missouri River Correctional Center		
<input type="checkbox"/> North Dakota State Penitentiary	<input type="checkbox"/> North Dakota Youth Correctional Center		

MINOR CHILD DETAILS

Minor's First Name	Minor's Last Name	Date Of Birth	Minor's Relationship To Resident
Minor's First Name	Minor's Last Name	Date Of Birth	Minor's Relationship To Resident
Minor's First Name	Minor's Last Name	Date Of Birth	Minor's Relationship To Resident
Minor's First Name	Minor's Last Name	Date Of Birth	Minor's Relationship To Resident

PERSON ESCORTING MINOR DETAILS

Escort's First Name	Escort's Last Name	Escort's Date Of Birth
Escort's Relationship to Minor	Escort Is Approved As Visitor. Only DOCR-approved visitors may escort minors. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason The Minor Must Be Escorted By Someone Other Than A Parent Or Legal Guardian		

PARENT/LEGAL GUARDIAN PERMISSION

I give my permission to the above-named "Person Escorting Minor" to bring the above-named minor child/children to visit the above-named "Resident," who is an inmate at a North Dakota Department of Corrections and Rehabilitation facility.

Parent or Legal Guardian Printed Name	I am the above-named minor child/children's <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Parent or Legal Guardian Signature * Must be signed in ink in the presence of a notary public.	Date

Notary Section

State of	County of	Affix Notary Stamp
Signed and sworn to (or affirmed) before me this	Date	
Name(s) of Individual(s) Making Statement		
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date		
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason Denied	

RETURN BY MAIL TO THE FACILITY THE MINOR REQUESTS TO VISIT

Dakota Women's Correctional and Rehabilitation Center (DWCRC)
ATTN: Visiting
440 McKenzie Street
New England, ND 58647

Heart River Correctional Center (HRCC)
ATTN: Visiting
PO Box 5521
Bismarck, ND 58506-5521

James River Correctional Center (JRCC)
ATTN: Visiting
2521 Circle Drive
Jamestown, ND 58401

Missouri River Correctional Center (MRCC)
ATTN: Visiting
PO Box 5521
Bismarck, ND 58506-5521

North Dakota State Penitentiary (NDSP)
ATTN: Visiting
PO Box 5521
Bismarck, ND 58506-5521

North Dakota Youth Correctional Center (ND YCC)
ATTN: Visiting
701 16th Avenue Southwest
Mandan, ND 58554