

MAINE DEPARTMENT OF CORRECTIONS  
VISITOR APPLICATION

**DIRECTIONS:** Carefully read all parts of this application and complete all sections that apply to you or your minor children wishing to visit. Incomplete applications will not be processed and **false information may result in denial of visiting privileges.**

**PRISONER'S NAME:** \_\_\_\_\_

**SECTION 1: VISITOR INFORMATION (ONLY ONE VISITOR'S NAME ON EACH APPLICATION)**

Visitor's Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Visitor's Street/Road Address (Not a P.O. Box): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to the Prisoner: \_\_\_\_\_ Do you have a Criminal Record? \_\_\_\_\_

If yes, list your convictions: \_\_\_\_\_  
(For extra space, use back of form)

**SECTION 2: RULES REGARDING MINORS. (1)** Individuals under the age of 18 may not visit unless they are accompanied at the visit by an immediate family member or legal guardian. The only exception to this rule is for minors who are married or emancipated by court order (attach copy of marriage certificate or court order of emancipation). **(2)** A prisoner convicted of or otherwise known to have committed a sex offense or child abuse against a minor is prohibited from visiting with the victim(s) of the offense without prior approval of the Chief Administrative Officer, or designee. Approval will not be granted if it is contrary to a court order (e.g., custody order or protection order) or condition of probation. **(3)** When a prisoner's parental rights have been terminated, the prisoner will not be allowed to receive a visit from the child while the child is still a minor.

**LIST THE NAMES OF MINOR CHILDREN YOU ARE THE PARENT OR LEGAL GUARDIAN OF AND THAT YOU WILL BE BRINGING TO VISIT THIS PRISONER.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Prisoner \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Prisoner \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Prisoner \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Prisoner \_\_\_\_\_

I attest that I am the parent or legal guardian of the above named minors.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SECTION 3:**

#### **M.R.S.A. TITLE 17-A, SECTION 757**

A person is guilty of **TRAFFICKING IN PRISON CONTRABAND** if:

- a. That person intentionally conveys or attempts to convey contraband to any person in official custody; or,
- b. Being a person in official custody, he intentionally makes, obtains, or possesses contraband.

Contraband, for the purpose of this section, is defined as a dangerous weapon, any tool or other thing that may be used to facilitate escape or any other thing that a person confined in official custody is prohibited by statute from making or possessing. Examples of contraband are: weapons, cutting blades, files, drugs, including marijuana, and alcohol. Punishment may include imprisonment for up to 5 years.

#### **M.R.S.A. TITLE 17-A, SECTION 757-A**

A person is guilty of **TRAFFICKING OF TOBACCO** in adult correctional facilities if:

- a. That person intentionally conveys or attempts to convey tobacco or tobacco products to a person confined in an adult correctional facility that has banned the use of tobacco or tobacco products by prisoners; or
- b. That person is confined in an adult correctional facility that has banned the use of tobacco or tobacco products by prisoners and the person intentionally obtains or possesses tobacco or tobacco products.

**ALL MAINE DEPARTMENT OF CORRECTIONS FACILITIES HAVE BANNED THE USE OF TOBACCO OR TOBACCO PRODUCTS BY PRISONERS.** Punishment may include imprisonment for up to 6 months.

### **SECTION 4: CLEARANCE NOTIFICATION**

Applications are processed as quickly as possible. All visitors to facilities with secure perimeters must wait until a criminal records check has been completed. This process is done by the State Bureau of Identification and takes approximately six weeks. The prisoner will be notified of the visitor's clearance status and it shall be the prisoner's responsibility to notify you of your clearance. **Please do not call the facility for clearance information.**

Each adult visitor is required to present government-issued picture identification, such as a driver's license. A minor visitor may be required to present government-issued identification, such as a State of Maine identification card or a birth certificate.

**SECTION 5: READ CAREFULLY.**

I understand and acknowledge the information given above. I acknowledge that I am subject to search prior to and as a condition for visiting at Department of Corrections facilities. I, AND ANY MINOR CHILDREN I BRING WITH ME, WILL ABIDE BY THE RULES OF VISITING AS POSTED IN MAINE DEPARTMENT OF CORRECTIONS FACILITIES. I understand if I, or the minor children I bring with me, violate the rules for visiting, the visit may be terminated and my visiting privileges may be suspended.

Applicant's Printed Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to:

**Visit Department  
Maine State Prison  
807 Cushing Road  
Warren ME 04864**

**Visit Department  
Maine Correctional Center  
17 Mallison Falls Road  
Windham ME 04062**

**Visit Department  
Bolduc Correctional Facility  
516 Cushing Road  
Warren ME 04864**

**Visit Department  
Charleston Correctional Facility  
1202 Dover Road  
Charleston ME 04422**

**Visit Department  
Downeast Correctional Facility  
64 Base Road  
Bucks Harbor ME 04655**

**Central Maine Pre-Release Center  
Box 8  
Hallowell ME 04347**

**Visit Department  
Women's Reentry Center  
106 Hogan Rd. Suite 8  
Bangor ME 04401**