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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Spring Creek Correctional Center Visitor Minor(s) Application** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |
| **Prisoner’s Last Name \*** | **First Name \*** | **MI** | **OTIS #** | | | | | |  | | **House** | | **Mod** |  | **Date** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Minors’ Names \***  Last, First, Middle | **Date of Birth \***  MM/DD/YYYY | **Social Security # \*** | **Relationship to Prisoner \*** | **Gender \*** |
|  |  |  |  | Male  Female |
|  |  |  |  | Male  Female |
|  |  |  |  | Male  Female |
|  |  |  |  | Male  Female |
|  |  |  |  | Male  Female |

**List all minors who will be brought into visiting by the approved legal guardian/parent. \* Indicates mandatory Information**

|  |  |  |
| --- | --- | --- |
| 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 18th 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 or faxed in to be processed. **By signing below you acknowledge that you read, understand, and agree to follow the Rules of Visiting for Spring Creek Correctional Center and have sought clarification for rules which you did not understand.** Prisoners will notify visitors when they have been approved. **This form must be notarized for us to process. If not it will be returned to you, unprocessed.**

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

Notary

Required

For processing

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_