|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prisoner Last Name \* | Prisoner First Name \* | MI | Offender # |  |
| Please do not attempt to visit until you are notified that your application has been approved. The person you are applying to visit is the person who will notify you if your application is approved. If your application is denied, FCC will notify you. Once this form has been filled out mail it to:  **Fairbanks Correctional Center: Attention Security Office- 1931 Eagan Ave, Fairbanks, AK, 99701**  You can also email the visiting questionnaire to: DOC FCC Visiting at doc.fcc.visiting@alaska.gov | | | | |
| READ CAREFULLY: \* Indicates mandatory information. \* 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. A FCC prisoner cannot complete the Minor Visitor Application form even if the prisoner is a parent. | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Last) \* | | | | | Name (First) \* | | MI | Suffix i.e. Jr/III | | Gender\*  M  F | Marital Status |
| Date of Birth \* | | | | Last 4 Digits SSN \* | | | ID Type \* | | ID Number \* | | |
| Telephone Number \* | | | | | Physical Address \* | | | | Mailing Address \* | | |
| Relationship to Prisoner \* | | | Number of Years/ Months Known \* | | | Email Address \* | | | | | |
| **Please supply the following information and/or check the appropriate box \*** | | | | | | | | | | | |
| **Y** | **N** |  | | | | | | | | | |
|  |  | 1. Have you visited with other Alaska DOC prisoners in the last year? If yes, indicate the prisoner(s) and the location(s): | | | | | | | | | |
|  |  | 1. Have you ever been involved in illegal or criminal activity with the above-named prisoner? If yes, when and where? | | | | | | | | | |
|  |  | 1. Have you any criminal matters pending, wants, warrants or have been in custody in the last 60 days anywhere. If yes, please describe: | | | | | | | | | |
|  |  | 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. | | | | | | | | | |
|  |  | 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 cannot visit without written permission from their probation officer and the superintendent’s approval. | | | | | | | | | |
|  |  | Are you a victim of the current or past crime committed by the prisoner with whom you wish to visit? If yes, please describe. | | | | | | | | | |
|  |  | Are any of your minor visitor(s) a victim of the prisoner with whom you wish to visit? If yes, please describe. | | | | | | | | | |
|  |  | 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 to approve you to enter the institution as a visitor. You are not legally required to provide this information, but failure to do so may result in not allowing you to enter the institution. A check with law enforcement will be made to find out whether you have a criminal record. Whether you are approved or not, this form will be kept on file. The result of the criminal history check is destroyed. The only persons or agencies who will have access to this information will be those who have legal access to private or confidential data maintained by the Alaska Department of Corrections.

THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS FORM IS GROUNDS FOR DENYING VISITING PRIVILEGES. If application is not legible, it will be denied.

Applicant Signature Date