

Goose Creek Correctional Center ADULT VISITOR APPLICATION

Visitor ID: _____
(Completed by Visitation Sergeant)

Please Print

Prisoner Last Name *	Prisoner First Name *	MI	Offender #
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Please complete this form if you wish to visit this prisoner. By completing this form, you acknowledge that visitation of prisoners at GCCC is a privilege. This privilege may be suspended or revoked at any time for inappropriate behavior or other rule violations by either the visitor or the prisoner. Visiting may also be suspended temporarily without warning because of overcrowding or other institutional concerns. Once this form has been filled out completely, email it to: doc.gccc.visitation@alaska.gov or mail it to the address below:

Goose Creek Correctional Center: Attention Visiting Application 22301 W Alsop Road Wasilla, AK 99623

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 GCCC prisoner cannot complete the Minor Visitor Application form even if the prisoner is a parent.

Name (Last) *	Name (First) *	MI	Suffix i.e. Jr/III	Gender* M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status
Date of Birth *	Social Security Number *	ID Type *	ID Number *		
Home Telephone Number *	Physical Address *		Mailing Address *		
Relationship to Prisoner *	Number of Years/ Months Known *	*This information will be used to perform a background check to ensure that you meet the criteria and are eligible to enter Goose Creek Correctional Center. Disclosure of your Social Security number is mandatory if you wish to be granted visitation privileges. Information received may be shared with other law enforcement agencies when appropriate.			

Please supply the following information and/or check the appropriate box *

Y	N	Question
<input type="checkbox"/>	<input type="checkbox"/>	Have you visited with other Alaska DOC prisoners in the last year? If yes, indicate the prisoner(s) and the location(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been involved in illegal or criminal activity with the above-named prisoner? If yes, when and where?
<input type="checkbox"/>	<input type="checkbox"/>	Have you any criminal matters pending, wants, warrants or have been in custody in the last 90 days anywhere. If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of a felony in any jurisdiction? If yes, state the date, place, and nature of the conviction on a separate attached paper.
<input type="checkbox"/>	<input type="checkbox"/>	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 <u>cannot</u> visit without written permission from their probation officer <u>and</u> the superintendent's approval.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a victim of the current or past crime committed by the prisoner with whom you wish to visit? If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Are any of your minor visitor(s) a victim of the prisoner with whom you wish to visit? If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	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 will result in not allowing you to enter the institution. By signing below, you acknowledge that you read, understand, and agree to follow the Rules of Visiting for Goose Creek Correctional Center as stated on our website under Visiting, and have sought clarification for rules which you did not understand.

Please include with this application, a copy of your government issued identification card that includes your picture, name, and address.

I have read and understand the above statements. I certify the above information I submitted is true and correct. I understand that untruthful or misleading answers or deliberate omissions will be cause for the rejection of my application, removal of my name from eligible visitor lists, or termination of my visiting privileges, if approved. I understand that a background check will be conducted, including my arrests and convictions. I hereby authorize release to the Superintendent of Goose Creek Correctional Center any record of criminal offenses for which I have been arrested and convicted, and any information related to those convictions.

Applicant Signature _____

Date _____

Updated 01-14-2025