

POINT MACKENZIE CORRECTIONAL FARM

ADULT VISITOR APPLICATION

Please print or type. This application must be completed by the adult visitor.

READ CAREFULLY: Complete this form to request pre-approval clearance for visitation at PMCF. Approval of this application does not schedule a visit. Once approved, visitors must request a visiting appointment by email according to PMCF visiting procedures. Prisoners may not complete this form on behalf of an adult visitor. All required fields marked with an asterisk (*) must be completed accurately. False, misleading, or incomplete information may result in rejection of the application or restriction of visiting privileges. Attach a clear copy or photo of a valid government-issued photo ID. For a minor visitor, the minor's parent or legal guardian must complete a separate Minor Visitor Application.

Submit to: PMCF Visiting Applications, P.O. Box 877730, Wasilla, AK 99687
Email: doc.pmcf.visitation@alaska.gov

PRISONER INFORMATION

Prisoner Last Name *	Prisoner First Name *	MI	DOC / Offender # *

APPLICANT INFORMATION

Last Name *	First Name *	MI	Suffix
Date of Birth * (MM/DD/YYYY)	Gender / Sex *	Relationship to Prisoner *	Marital Status
Government-Issued Photo ID Type / State *	ID Number *	SSN*	
Email Address *	Telephone Number *		
Physical Address *			
Mailing Address (if different from physical address)			
Other states in which you have lived (identify any period required by the clearance process)			

Privacy notice: Personal information is collected for visitor identification, eligibility review, and security screening. Information may be shared with law enforcement or other authorized government entities when permitted by law and Department policy.

VISITOR ELIGIBILITY / BACKGROUND INFORMATION

Check Yes or No for each question. Provide an explanation where requested.

- Have you visited any other Alaska DOC prisoner within the past year?
☐ Yes ☐ No
If yes, explain:
- Have you ever been involved in illegal or criminal activity with the prisoner you are requesting to visit?
☐ Yes ☐ No
If yes, explain:
- Do you currently have pending criminal charges, outstanding warrants, or other pending criminal matters, or have you been in custody within the past 90 days?
☐ Yes ☐ No
If yes, explain:
- Have you ever been convicted of a felony in any jurisdiction?
☐ Yes ☐ No
If yes, explain:

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VISITOR ELIGIBILITY / BACKGROUND INFORMATION (CONTINUED)

5. Are you currently under probation, parole, or other community corrections supervision?

☐ Yes ☐ No

If yes, explain:

Persons under probation, parole, or other community corrections supervision must obtain permission from their supervising officer and the PMCF Superintendent before visiting.

6. Are you a victim of a current or past crime committed by the prisoner you wish to visit?

☐ Yes ☐ No

If yes, explain:

7. Is any minor child for whom you are submitting a visitor application a victim of the prisoner you wish to visit?

☐ Yes ☐ No

If yes, explain:

8. Have you ever been an employee, volunteer, contractor, or other service provider for the Alaska Department of Corrections?

☐ Yes ☐ No

If yes, explain:

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that false, misleading, or incomplete information may result in rejection of this application, removal from an approved visiting list, or restriction of visiting privileges as authorized by Department policy. I understand that PMCF may conduct a background and eligibility review for purposes of determining whether I may be approved for visitation.

I authorize the release to the Superintendent of Point Mackenzie Correctional Farm, or designee, of criminal-history and related information that the Department is legally authorized to obtain and review for visitor clearance purposes.

Applicant Signature *

Date *

VISITOR NOTICE

Visitation is subject to DOC Policy 810.02, PMCF visiting rules, and institutional safety and security requirements. Visiting privileges may be denied, restricted, suspended, or revoked as authorized by Department policy. Approval of this application does not guarantee that a particular visit will occur if institutional conditions require cancellation or restriction.

FOR PMCF STAFF USE ONLY

Date Received

Received By

ID Copy Attached

☐ Yes ☐ No

Clearance / Background Review Completed By

Date

Disposition

☐ Approved

☐ Denied

☐ Pending / Additional Review

Superintendent / Designee

Date

Notes / Restrictions / Follow-up