



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
APPLICATION FOR FACILITY ACCESS

DATE OF FACILITY VISIT

| | | | |
|---------------------------------------|-------|--|---|
| NAME (PRINT) | | | |
| ADDRESS | | | DATE OF BIRTH |
| CITY | STATE | ZIP CODE | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| TELEPHONE NUMBER(S) | | SOCIAL SECURITY NUMBER OR MO DRIVER'S LICENSE NUMBER | |
| INSTITUTION TO BE ACCESSED WERDCC | | DOC STAFF CONTACT Lori Concannon | |
| PROGRAM/AGENCY REPRESENTED AI-Anon | | | |

1. I have been provided a list of approved items and dress code for the facility.
2. In visiting the Department of Corrections, I may be in circumstances involving risks or hazards. I willingly and knowingly accept these conditions.
3. I agree to:
 - a. Take nothing, including letters, in or out of any correctional center without approval from administration.
 - b. Respect the confidentiality of records and other privileged information.
 - c. Refrain from using abusive or profane language.
 - d. Refrain from taking photographs on institutional property for any purpose without specific permission from the administration.
 - e. Refrain from giving/leaving anything behind for use by an offender without approval from administration.
 - f. Refrain from inappropriate signs of affection.
 - g. Obey any staff member order.
 - h. Not discriminate.
 - i. Refrain from racially inflammatory speech, disparaging other religions or directly addressing issues of confinement.
4. I do not know any offender in Missouri Department of Corrections custody at the facility that I am accessing.
5. I am not on any offender visiting list at the facility that I am accessing.
6. All vehicles will have doors locked, windows up and key removed from ignition.
7. No drugs are allowed in the institution except a personal one-day supply of prescribed medication in the original prescription container.
8. I authorize Missouri Department of Corrections to conduct a Criminal History Check Screening.
9. I understand I cannot enter the facility until the institutional activities coordinator has received this application, it has been approved and my name has been added to the Approved Entry Roster.
10. Failure to abide by this agreement or violation of any state or federal law during my visit may result in sanctions including arrest and prosecution.
11. I agree to comply with departmental tuberculosis testing, as applicable.

| | | |
|----------------|-----|------|
| SIGNATURE X | | DATE |
| APPROVALS | | |
| IAC SIGNATURE | | DATE |
| MULES/NCIC | CAO | DATE |