

**MINNESOTA DEPARTMENT OF CORRECTIONS**  
**Visiting Privilege Application Form**

- **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, MN DOC will notify you.
- Your application to visit will be denied if there exists an active protective order or no contact directive exists between you and the person you are applying to visit, or if you are a co-defendant or accomplice to the offense for which the person is currently serving a sentence.
- The DOC has created a resource guide to support help individuals impacted by harm to understand and access post-conviction services and information. To access the resource guide visit <https://mn.gov/doc/victims/victim-support-and-resources/>. Victim Assistance staff are available to provide additional information and support related to on any of the information provided within this guide. You may contact staff at [victimassistance.doc@state.mn.us](mailto:victimassistance.doc@state.mn.us) or 651-361-7250
- Applications can take several weeks to process. Your patience is appreciated.

**ALL AREAS OF THE APPLICATION MUST BE COMPLETED IN BLACK INK OR  
THE APPLICATION WILL BE REJECTED. FAXES ARE NOT ACCEPTED**

**ALL FORMS OF COMMUNICATION ARE SUBJECT TO MONITORING**

The information requested on this form will be used by the institution to determine whether or not 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 or not 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 Minnesota Department of Corrections.

**MSA 243.55 CONTRABAND ARTICLES; EXCEPTIONS; PENALTY**

Subdivision 1. Any person who brings, sends, or in any manner causes to be introduced into any state correctional facility or state hospital, or within or upon the grounds belonging to or land controlled by any such facility or hospital, any controlled substance as defined in section 152.01, subdivision 4, or any firearms, weapons, or explosives of any kind, without the consent of the Warden thereof, shall be guilty of a felony and, upon conviction thereof, punished by imprisonment for a term of no less than three, nor more than five years. Any person who brings, sends, or in any manner causes to be introduced into any state correctional facility or within or upon the grounds belonging to or land controlled by the facility, any intoxicating or alcoholic liquor or malt beverage of any kind without the consent of the Warden thereof, shall be guilty of a gross misdemeanor. The provisions of this section shall not apply to physicians carrying drugs or introducing any of the above-described liquors into such facilities for use in the practice of their profession; nor to sheriffs or other peace officers carrying revolvers or firearms as such officers in the discharge of duties. All persons and their belongings entering this institution or upon the grounds thereof may be subject to search for contraband articles at any time. Admittance will be denied to anyone refusing to subject their person or belongings to a search.

**All adult visiting applications for every facility are  
processed at MCF-Rush City: Please send to:**

MCF-Rush City  
Attn: Visiting Unit  
7600 525th Street  
Rush City, MN 55069

**Visiting applications for Red Wing juveniles are  
processed at Red Wing. Please send to:**

MCF-Red Wing Attn:  
Visiting Unit 1079  
Highway 292 Red  
Wing, MN 55066

For Office Use Only  
Facility: \_\_\_\_\_  
Victim: \_\_\_\_\_

**MINNESOTA DEPARTMENT OF CORRECTIONS**  
**Visiting Privilege Application Form**

**Please Print**

Incarcerated Person \_\_\_\_\_  
Visitor: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt./Unit \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship to Incarcerated Person (e.g., Mother, Friend): \_\_\_\_\_

**Anyone under 18 years of age must be escorted by a parent, legal guardian or an authorized escort**

A copy of each minor's state/county birth certificate must be sent with the visiting application. Birth certificates will not be accepted at the time of visit. **The hospital's Heirloom Birth Certificate, or Crib Card, is not an official document and will not be accepted.** If an adult other than the parent or legal guardian escorts a minor, a notarized **Minor Escort Form** signed by the child's custodial parent/guardian must accompany the birth certificate or guardianship papers.

Full name and date of birth of all minors under age 18 that I will escort:

Minor's Full Name:	DOB:	Minor's Full Name:	DOB:

\*\*\*If you answer yes to any question below, please explain in COMMENTS

- 1. Have you ever been a resource/volunteer/employee at any MN correctional facility?
- 2. Do you have ANY pending charges against you?
- 3. Do you have any protective orders (Order for Protection, Harassment Restraining Order, Domestic Abuse No Contact Order, or other) with anyone incarcerated in DOC?
- 4. Are you on another incarcerated person's visiting list at any MN correctional facility?
- 5. Have you ever been released from a state or federal correctional facility?
- 6. Are you on probation, parole or release status?

\*\*\*When/Where/Who?  
No  Yes  \*\*\*  
No  Yes  \*\*\*  
No  Yes  \*\*\*  
No  Yes  \*\*\*  
No  Yes  \*\*\*  
No  Yes  \*\*\*

(If yes, you must include your agent's name and/or county, and phone number below)

Agent's Printed Name: \_\_\_\_\_ Phone# : (\_\_\_\_) \_\_\_\_\_  
(If no agent, enter county name. If no information is entered, application will be denied.)

\*\*\*COMMENTS:

Type of ID - **Enter ID Number**: An expired/canceled Driver's License does not qualify as a valid ID for visiting purposes.  
Driver's license or ID Card from state/territory of residence #: \_\_\_\_\_  
\*\*\*Photocopy of ID or Driver's License must be attached and match address on application or application will be denied.

Valid military ID #: \_\_\_\_\_ Matricula Consular ID #: \_\_\_\_\_  
Minnesota Tribal ID-Tribe: \_\_\_\_\_ Passport #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.**

**FOR OFFICE USE ONLY**

Received \_\_\_\_\_ Criminal History Check Completed on \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Staff Initials \_\_\_\_\_