

## Kansas Department of Corrections

### Application For Visiting Privileges

Facility and Address

Inmate To Be Visited

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Name

Number

Unit Team/Cellhouse

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

Please read carefully. All questions must be answered. Omissions or falsification could result in permanent denial of visiting privileges. The application should be returned separate from any other correspondence to the address shown above.

1. Name:(Mr./Mrs./Miss) \_\_\_\_\_

2. Maiden/Other Names Used:  
\_\_\_\_\_

3. Relationship To Inmate (Father, Wife, Friend, etc.)\_\_\_\_\_

4. Current Contact Information:  
\_\_\_\_\_  
Street City State Zip  
\_\_\_\_\_  
Phone number

5. Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

6. Date of Birth\*: \_\_\_\_\_ Social Security # \_\_\_\_\_  
\*NOTE: A certified copy of a birth certificate is required for each visitor under eighteen (18) years of age.

7. Are you approved to visit another inmate? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes: \_\_\_\_\_  
Name Number Facility

8. Have you ever been convicted of a criminal offense? No \_\_\_\_\_ Yes \_\_\_\_\_  
If Yes, fill in the following:

Offense	Approximate Date	Disposition
_____	_____	_____
_____	_____	_____

9. Are you on probation or parole? No \_\_\_\_\_ Yes \_\_\_\_\_  
If Yes, what county and state? \_\_\_\_\_

10. Have you ever been, or are you currently, an employee of the Kansas Department of Corrections, an employee of any contractor to the Kansas Department of Corrections, or a volunteer within the Kansas Department of Corrections? No\_\_\_ Yes\_\_\_

If yes, please provide the details of that past or present employment:

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11. Were you a victim of the person you wish to visit or were any of your immediate family a victim of the person you wish to visit? No\_\_\_ Yes \_\_\_ (If YES, you must initiate this request through the Department' Victim Services.) Victim Services can be reached by writing to:

Office of Victim Services  
Kansas Department of Corrections  
900 SW Jackson 4-N  
Topeka, KS 66612

or by calling, 1-866-404-6732.

#### WARNING

K.S.A. 21-3826 provides that: (a) Traffic in contraband in a correctional institution is introducing or attempting to introduce into or upon the grounds of any correctional institution or taking, sending, attempting to take, or attempting to send from any correctional institution or any unauthorized possession while in any correctional institution or distributing within any correctional institution any item without the consent of the administrator of the correctional institution. (b) For the purposes of this section, "correctional institution" means any state correctional institution or facility, conservation camp, state security hospital, juvenile correctional facility, community correction center or facility for detention or confinement, juvenile detention facility or jail. (c) Traffic in contraband in a correctional institution of firearms, ammunition, explosives or a controlled substance defined in K.S.A. 65-4101(e), and amendments thereto, is a severity level 5, non-person felony. (d) Traffic in all other forms of contraband in a correctional facility is a severity level 6, non-person felony.

Effective March 17, 2003, all department facilities, offices, and grounds shall be tobacco-free, at which time all tobacco products shall be declared contraband in accordance with KSA 21-3826 (Traffic in Contraband in a Correctional Institution). On and after this date, the use or possession of all tobacco products by any person is prohibited on department property. The only exception shall be for visitors to secure tobacco and tobacco-based products in their personal motor vehicles in the facility parking lot, unless they are intended for distribution within a facility. Violations of this policy may result in termination of visits, suspension of visiting privileges, and/or possible prosecution.)

Any visitor's possession of a cell phone on the grounds of a correctional facility [except within the confines of his or her vehicle] is prohibited. Violation may result in termination of visits, suspension of visiting privileges, and/or possible prosecution.

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

**Kansas Department of Corrections**  
**Visitor Background Verification Form**

Inmate Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name of Prospective Visitor: \_\_\_\_\_

		Yes	No	Method of Verification
1.	Application For Visiting Privileges form sent to prospective visitor Date Sent: _____	_____	XXXX	XXXXXXXXXXXX
2.	Application For Visiting Privileges form returned by prospective visitor. Date Received: _____	_____	_____	XXXXXXXXXXXX
3.	Relationship of prospective visitor to inmate verified. Date Verified: _____	_____	_____	_____
4.	Probation/Parole status of prospective visitor verified. Date Verified: _____	_____	_____	_____
5.	Former KDOC inmate status of prospective visitor verified. Date Verified: _____	_____	_____	_____
6.	Previous employment status with KDOC of prospective visitor verified. Date Verified: _____	_____	_____	_____
7.	Is the inmate a sex offender? _____			
8.	Have the contact requirements of IMPP 11-115 been met? _____			

The verification process for the above-identified prospective visitor has been completed per the requirements of IMPP 10-113. This person has \_\_\_1. **BEEN APPROVED** and his/her name may be added to the inmate's visiting list, OR \_\_\_2. **NOT BEEN APPROVED**.

**NOTE: The name may be added to the inmate's Visitors List only if the visitor has been approved.**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Kansas Department of Corrections**

**Approved Visitors List**

Inmate Name: \_\_\_\_\_ Number: \_\_\_\_\_

The 10 people listed below have been approved for visitation per the requirements of IMPP 10-113.

NAME	DOB*	ADDRESS	RELATIONSHIP

\*Date of Birth

Approved: \_\_\_\_\_  
Unit Team Supervisor

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