

BISMARCK TRANSITION CENTER

VISITOR-SPONSOR APPLICATION

Resident's Name _____ Date _____

Applicant Name (full & complete) _____

Your relationship to resident _____ Sex Male Female

Current Address _____
Street City State Zip

Applications using PO Box or Rural Route will be denied.

Telephone (____) _____ Date of Birth ___/___/___ SS# _____

Age _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

RESIDENT WILL BE NOTIFIED WHETHER APPLICATION IS APPROVED OR DENIED.

Please answer the following questions

Are you currently under formal supervision (probation/parole)? Yes No If yes, please provide the name of your supervising officer and the city in which you are under supervision

Have you ever been arrested? Yes No If yes, please state the year(s) of your arrest(s) and the offense(s) you were charged with _____

Are there currently any charges pending against you? Yes No If yes, please explain the circumstances _____

Are you presently on any visitor lists through NDSP / NDDOCR? Yes No Where? _____ Inmate Name _____

The following questions are for **Non-Family Members** only:

How long have you known the resident you wish to sponsor? _____

Where, when & how did you meet him? _____

*You understand you are subject to search when in the facility. It is further required that a N.C.I.C. (National Crime Information Center) Records Check be completed. Sponsorship and/or visitation will not be allowed until such time as this background check is completed. Exceptions are allowed in the case of parents, grandparents, brothers and sisters, spouse, and children for 1 visit only before background check is approved. (usually 10 to 14 days)
(over)*

Listed below are the requirements and regulations adhered to by BTC in regards to the visitors and/or sponsors for any of the program residents assigned to the Bismarck Transition Center:

- 1) All visitors must be dressed appropriately or they will not be allowed in to visit.
- 2) Potential sponsors/visitors must be cleared by an N.C.I.C. Records check.
- 3) All sponsors/visitors must be at least 18 years of age.
- 4) While on a community pass, program residents are strictly forbidden from using, purchasing or possessing alcohol or illegal drugs. Program residents are also prohibited from being in the company of those who choose to ingest alcohol and/or drugs while in the presence of program residents during community passes.
- 5) Residents are strictly forbidden from entering any establishment where alcohol is the chief item for sale. They are allowed in casino-type restaurants as long as the residents remain in the restaurant portion of the facility.
- 6) Program residents are not allowed to participate in any type of gambling during the entirety of their placement within the Bismarck Transition Center.
- 7) When a program resident returns from a community pass, they must submit a urine sample to BTC staff for appropriate screening for the presence of alcohol and/or drugs.
- 8) Program residents must remain in the company of their approved community sponsors at all times while on an approved community pass.
- 9) Program residents are strictly forbidden from operating any motor vehicle while on a community pass.
- 10) Program residents are restricted to the boundaries of Bismarck/Mandan while on community pass.
- 11) Approved sponsors must come into the community-based facility in order to pick-up the resident being signed-out of the facility for community pass purposes. .
- 12) Sponsors/visitors are required to maintain adequate supervision over any juveniles that may be in their company while in the Bismarck Transition Center..
- 13) The Bismarck Transition Center will not be held liable for lost or stolen goods of a sponsor/visitor.
- 14) All visitors are required to call the transition center at least 24 hours in advance in order to inform center staff of their pending visit. *This requirement is for visitation purposes only.* Visiting hours for program residents are from 1:00 p.m. until 4:00 p.m. on Saturdays, Sundays and Holidays. **Inmates** also have visitation on both Wednesday and Sunday nights from 7 pm to 9 pm.
- 15) Sponsors/visitors are strictly prohibited from entering the living quarters of center residents.
- 16) Sponsors/visitors are subject to search upon entering the facility.
- 17) While on community pass, program residents are not to have in their possession or control any weapon or firearm.
- 18) Residents are forbidden from bringing any contraband back to the facility.
- 19) Sponsors will abide by the times and locations approved on the program resident's pass.
- 20) Program residents will not have contact with officials, witnesses, or victims of their case.
- 21) Sponsors understand that the program staff will conduct security checks during the course of any community pass. These checks are inclusive of, but not limited to, phone checks, on-site visits, and physical checks at the BTC as required.
- 22) Sponsors agree to be open and honest with the BTC staff and will immediately inform BTC staff if the resident violates any of the conditions of the resident's pass.

Any approved sponsor/visitor who arrives at the transition center to pick-up a resident for pass and are suspected to be under the influence of any intoxicating agent will be immediately asked to leave the premises and will be terminated as a sponsor/visitor.

Applicant Signature

Date

BTC Staff Signature

Date

BISMARCK TRANSITION CENTER

Authorization to Conduct an N.C.I.C. Records Check (National Crime Information Center)

I hereby authorize the North Dakota Parole and Probation office, to run an N.C.I.C. records check on my background and also authorize the release of the results of said records check to the staff of Bismarck Transition Center (BTC).

I further wish to freely waive my right to any federal or state statutes protecting privileged information and authorize disclosure of said information to BTC.

I also understand that it is the policy of BTC to run background checks on all prospective visitors/sponsors for any of the residents within the BTC. I also understand that the records check *must be completed* before any consideration will be given to my request to act in the capacity as an approved community visitor/sponsor.

Dated this _____ day of _____, 20 _____.

Applicant's complete and full legal name (printed): _____

Applicant's complete and full signature: _____

Applicant's Social Security Number: _____

Applicant's Date of Birth: _____

Name of Resident: _____

BTC Staff Signature and Title: _____ Date: _____

Resident: _____

Your Visitor/Sponsor Application for _____

Has been: approved denied.