

BISMARCK TRANSITION CENTER

VISITOR-SPONSOR APPLICATION

Resident's Name _____ Date _____

Applicant Name (full & complete) _____

Your relationship to resident _____ Sex Male Female Maiden Name

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, charged, or convicted? Yes No If yes, please state the year(s) of your arrest(s), charge(s) or conviction (s) and the offense(s) you were arrested, charged or convicted 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/her? _____

You understand you are subject to search when in the facility. Sponsorship and/or visitation will not be allowed until a 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. (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 with attire that covers them from their elbows to their knees or they will not be allowed in to visit.
- 2) All sponsors/visitors must be at least 18 years of age.
- 3) 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.
- 4) 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.
- 5) Program residents are not allowed to participate in any type of gambling during the entirety of their placement within the Bismarck Transition Center.
- 6) 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.
- 7) Program residents must remain in the company of their approved community sponsors at all times while on an approved community pass.
- 8) Program residents are strictly forbidden from operating any motor vehicle while on a community pass.
- 9) Program residents are restricted to the boundaries of Bismarck/Mandan while on community pass.
- 10) 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. .
- 11) Sponsors/visitors are required to maintain adequate supervision over any juveniles that may be in their company while in the Bismarck Transition Center..
- 12) The Bismarck Transition Center will not be held liable for lost or stolen goods of a sponsor/visitor.
- 13) 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 the Women's Services Unit are on Mondays – 1 pm – 3 pm and 7:30 pm – 9:30 pm. Visiting hours for the women's Transitional Services Unit and male BTC residents are on Tuesdays – 1 pm – 3 pm and 7:30 pm – 9:30 pm.
- 14) Sponsors/visitors are strictly prohibited from entering the living quarters of center residents.
- 15) Sponsors/visitors are subject to search upon entering the facility. Visitors are not allowed to bring any personal property into visitation. All property should be secured in your vehicle or left at home. You are allowed to bring a photo ID, keys, and cash for vending.
- 16) While on community pass, program residents are not to have in their possession or control any weapon or firearm.
- 17) Residents are forbidden from bringing any contraband back to the facility.
- 18) Sponsors will abide by the times and locations approved on the program resident's pass.
- 19) Program residents will not have contact with officials, witnesses, or victims of their case.
- 20) 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.
- 21) 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
2001 Lee Ave.
Bismarck, ND 58504
(701) 222-3440 Fax # 222-3599

If you are a sponsor and wish to transport a resident, you must complete this form.

Resident Name: _____
Case Manager _____
Resident status (check one) <input type="checkbox"/> AC <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Inmate <input type="checkbox"/> Federal

Name of person transporting resident: _____

Address	City	Zip Code
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Phone Number

Expiration Date of Insurance	Expiration of License	Expiration of Registration
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Relation to the resident: (Check one) Friend

Co-worker

Relative (specify) _____

Please attach a copy of current license, registration and proof of insurance to this form.