

CONNECTIONS CORRECTIONS PROGRAM - BUTTE

If you have a health problem, injury or disability which impacts your ability to enter the facility, please call 782-6626 Extension 300 for assistance.

OFFICE USE
ONLY

C.D.V. _____

111 W. Broadway St.

Butte, MT 59701

(406) 782-6626 Fax (406) 782-6676

Visitor's Application

(REVISED 09/2015)

Please Print – Any incorrect, incomplete, false, or misleading information on this application will void this application

Client's Name: _____

Date: _____

Your Name: _____ ☐ Male ☐ Female
First Middle Last

Your Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Your Address: _____
Street City State Zip

Your Height: _____ Weight: _____ Hair: _____ Eyes: _____

This information is needed should we determine to have a background check conducted prior to approval/denial only!

Your relationship to Client: ☐ Spouse ☐ Parent ☐ Sibling ☐ Other (list): _____

LIST MINOR CHILDREN THAT MAY ACCOMPANY YOU

(Note: We can only allow immediate minor children to visit and no more than three (3) per visit)

Child's Name: _____ Age: _____ Relation to Client: _____

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Child's Name: _____ Age: _____ Relation to Client: _____

All Questions must be answered truthfully. Any false or misleading information will void this and any future applications.

- Are you under the supervision of either State or Federal P&P supervision? ☐ Yes ☐ No

If Yes, for what offense(s)? _____ Discharge Date: _____

Supervising Officer's Name: _____ Phone Number: (____) _____

- Have you ever been arrested? ☐ Yes ☐ No For What Offense? _____

- Do you currently have any charges pending against you? ☐ Yes ☐ No

If yes, what charge and the circumstances: _____

- If not a relative of Client, how long have you known him/her? _____
 - Also in not a relative, what is your association with this Client? _____
-

LISTED BELOW ARE THE REQUIREMENTS AND REGULATIONS AS APPLIED TO VISITORS!

1. **You must submit and be able to produce a valid Picture ID at each visitation.**
2. **We also require you enclose a photocopy of your ID when you submit this application**
3. All potential visitors may be subject to an NCIC background check
4. All visitors must be the age of 18, unless children of Client listed on front of form
5. Visitors are to be responsible for the behavior of the children that may be attending. Our visiting area is also shared by other residents and children. Staff has the right to ask you to remove children if they are too disruptive
6. Visiting hours for any major holidays are determined according to our meal schedule (please inquire when you call to confirm your visit)
7. Any/All loud, threatening, or abusive language will not be tolerated and the visit will be terminated immediately
8. Any visitors suspected of being under the influence of drugs and/or alcohol will be requested to leave immediately. Any future plans to visit will not be allowed
9. Visiting hours may vary, please inquire as to the exact visiting hours when phoning to confirm
10. Current visiting hours are currently on Saturday and Sunday afternoons from 1:00 PM until 3:45 PM (subject to change). You need to call by 5:00 PM the day before (Saturday) to confirm your visit and time.
11. **Saturday visits are from 1:00 PM to 3:45 PM. If a client has a visitation on Saturday he can not have a visit on Saturday. Only one visit per week.**
12. **Visitors can not be in the cafeteria before 1:00 PM on Saturday or Sunday. Staff will let you know when to enter.**
13. **Must be pre-approved before visits on Saturday, and Sunday.**

WHAT YOU ARE ALLOWED TO BRING IN

1. Money (money order, cashier's check) for Clients will be turned into the staff present to be receipted into his account; please do not give money to the Client. Please no cash.

WHAT YOU ARE NOT ALLOWED TO BRING IN

1. Cell phones, and cameras of any kind, computers, camera phones, Ipods,
2. You cannot bring in homemade baked goods, food, fast foods, opened packages of snacks etc., fountain soda pop etc. We do have vending machines that you may purchase snacks and pop for your visit.
3. You are not allowed to bring in any tobacco products into the building. No Exceptions. Your visit will be terminated immediately if staff notices any tobacco products on your person or belongings.

Visits are usually very healthy for everyone. Our Clients are experiencing some significant emotions due to past issues while they are in treatment. Please be supportive of his treatment and what he is going through. Please try not to confront them for past behaviors or actions, our professional staff are already doing this. Should your visit be deemed not – appropriate by our staff, it can and will be terminated at any time.

The Client that you are here to visit is subject to a room search, pat down, UA/BA after your visit. Please don't put him into a position to be subject to any further incarceration or increased charges by attempting to smuggle any contraband, or illegal substances into the facility. This is a correctional treatment facility, and we do hold our Clients accountable to the conditions of which he was accepted into this program.

I AGREE TO ABIDE BY ALL OF THE ABOVE CONDITIONS AS APPLIED TO MY VISITATION PRIVILEGES AT THE CONNECTIONS CORRECTIONS PROGRAM:

Your Signature

Date

☐ Approved

☐ Not Approved

Security Coordinator/Date: _____