

**COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.**  
**START PROGRAM Visitor Application**

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

START Offender's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Your Name: \_\_\_\_\_ Sex: M F  
First Middle Last

Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Current Physical Address: \_\_\_\_\_  
Street City State Zip

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**This information is only needed if a background check is to be conducted prior to approval/denial.**

Your relationship to START client: ☐ Spouse ☐ Mother ☐ Father ☐ Sister ☐ Brother  
☐ Son ☐ Daughter ☐ Other (List): \_\_\_\_\_

Please List Minor Children who may Accompany You  
(Minor Children must be accompanied by parent and/or legal guardian)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Offender: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Offender: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Offender: \_\_\_\_\_

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

1. Are you currently under any type of formal supervision (Probation/Parole)? \_\_\_\_ Yes \_\_\_\_ No  
If yes, for what offense(s): \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
Supervising Officer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No. If yes, please list year of arrest and offense(s) charged with: \_\_\_\_\_
3. Do you currently have any charges pending against you? \_\_\_\_ Yes \_\_\_\_ No. If yes, please list crime and circumstances: \_\_\_\_\_

4. If not a relative of the client, how long have you known him and what is your association with him: \_\_\_\_\_

**LISTED BELOW ARE SOME OF THE REQUIREMENTS AND REGULATIONS  
OF THIS PROGRAM AS APPLIED TO POTENTIAL VISITORS.**

1. You must submit and be able to produce a valid Picture ID at each visitation. We also require you enclose a photocopy of your ID when you submit this application.
2. All potential visitors may be subject to a National Crime Center check.
3. You must include your Physical Address on application. Providing just a PO Box is grounds for denial.
4. Persons on active probation or parole or other forms of conditional release (including but not limited to furlough or work release) ordinarily will not be approved; in compelling cases such as immediate family members the individual involved must obtain the written permission of both the agency supervising such conditional release and the CCCS START Program Administrator prior to being allowed to visit.
5. Persons with criminal records will not be automatically excluded from visiting but will be reviewed by the CCS START Program Administrator personally; the nature and extent of an individual's criminal record, supervision status, and history of recent criminal activity, will be weighed against the benefits of visitation in determining eligibility. Typically a probationer or parolee, or an individual who has recently discharged a prison or jail sentence may be reviewed for a visit after six months of satisfactory community adjustment if he or she is a member of the offender's immediate family. Prospective visitors in this category who are not immediate family may be reviewed for visiting approval after two years of satisfactory adjustment. For the purpose of this policy, immediate family is defined as: mother, father, brother, sister, wife, children and grandparents. Stepparents and half-siblings may be included if they spent a substantial portion of the offender's formative years with him.
6. Arrest and/or conviction of a felony or misdemeanor charge by an approved visitor may be cause for suspension of the visiting privilege. Those with felony/misdemeanor charges pending may also be denied visiting pending disposition of the charges.
7. All persons entering the START facility may be subject to search procedures.
8. The following items are not allowed on the START premises.
  - a. Alcohol and/or Drugs
  - b. Tobacco and tobacco paraphernalia
  - c. Ammunition, Firearms or any other type of Weapon
  - d. Any item Deemed to be a Risk to Safety and Security
  - e. Pets or livestock are not allowed on START property. This does not pertain to Seeing Eye dogs or other animals certified to assist handicap visitors.
9. Purses, wallets, handbags, backpacks, cell phones, camera's or other types of audio and/or visual recording devices and other carry in items will not be allowed in the visiting room. Diaper bags may be allowed, but are subject to search by staff. START is not responsible for lost stolen or damaged items.
10. Visitors needing to do so may secure approval from the Security Supervisor to bring in checks to be endorsed by the client or legal papers to be reviewed and/or signed by the client.
11. Visitors may not enter the facility, proceed to the visiting room or leave the visiting room without staff escort.
12. All visitors must be at least 18 years of age, if not immediate family member of the resident, or approved prior to the visit by the Program Administrator or Security Coordinator. Normally, persons under the age of 18 may visit only with the permission of and in the presence of a custodial parent or guardian.
13. It is the responsibility of the client and their visitor to supervise and control their children. This applies to the reception and parking lot areas, prior to visiting, as well. If the client and their visitor neglect this responsibility after being warned, the visit will be terminated.
14. Visitors are asked to telephone the START Program (406)563-7002 Ext 3118, Monday through Friday 7:00am to 3:00pm to schedule visit.
15. **Disability Accommodation:** If you have a health problem, injury, physical or mental disability and are in need of assistance or accommodation in entering our facility please contact:  
**Cindy Pierce at (406)563-7002 Ext. 3118 or [estott@ccscorp.com](mailto:estott@ccscorp.com)**

ANY VISITOR(S) THAT ARRIVE AT THE CENTER AND ARE SUSPECTED OF BEING UNDER THE INFLUENCE OF ALCOHOL, ILLEGAL DRUGS, OR ATTEMPTING TO PASS CONTRABAND WILL BE ASKED TO LEAVE AND WILL HAVE FUTURE VISITATION PRIVILEGES TERMINATED. LOCAL LAW ENFORCEMENT WILL BE CONTACTED FOR SUSPECTED VIOLATIONS OF STATE, FEDERAL, CITY AND COUNTY LAWS.

I AGREE TO ABIDE BY ALL THE ABOVE RULES AND REGULATIONS AS APPLIED TO MY VISITING **PRIVILEGES AT THE COMMUNITY, COUNSELING, & CORRECTIONS, INC., START PROGRAM.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROCESSING STAFF SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Denied

Please return completed visitor applications to:

START PROGRAM

Administration (Visiting)

801 MT HWY 48

Anaconda, MT 59711



**COUMMUNITY, COUNSELING & CORRECTIONAL INC.**  
**START PROGRAM**

**AUTHORIZATION TO CONDUCT AN N.C.I.C. RECORDS CHECK  
(NATIONAL CRIME INFORMATION CENTER)**

I hereby authorize the Identification Bureau of the Department of Justice, State of Montana, 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 Community, Counseling & Correctional Services, Incorporated.

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

I also understand that it is the policy of Community, Counseling, & Correctional Services, Inc. to run background checks on all prospective visitors/sponsors for any of the residents within those community-based correctional facilities operated by C.C.C.S., Inc. 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 & full legal name (**printed**) \_\_\_\_\_

Applicant's complete & full signature \_\_\_\_\_

Applicant's Social Security Number - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

CCCS, Inc. Staff Signature & Title \_\_\_\_\_

**Community, Counseling, and Correctional Services Inc.**

**Sanction Treatment Assessment Revocation & Transition**

Statement of **VISITOR** Confidentiality

The confidentiality of alcohol and drug abuse offenders in this program is  
protected by Federal Law and Regulations.

Federal Law and Regulations prohibit disclosure of ANY information identifying a  
START Program offender as an alcohol or drug abuser.

Violation of this Federal Law and Regulation is a Crime. Suspended violations may  
be reported and further visitation privileges to this facility will be terminate.

\_\_\_\_\_  
VISITOR Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
STAFF Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

Nature of Business \_\_\_\_\_