

STATE OF CALIFORNIA
VISITING QUESTIONNAIRE
 CDC 106 (Rev. 01/03)

DEPARTMENT OF CORRECTIONS

READ CAREFULLY. Please **PRINT** or **TYPE**. The information requested will be used by officials of the California Department of Corrections (CDC) to determine whether your questionnaire will be approved or disapproved. The information provided will be maintained in a file pertaining to the inmate.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security number is optional. However, any omission or falsification on this questionnaire may be cause for denial of visiting. Please mail this form directly to the visiting office of the institution where the inmate is confined.

1. NAME OF INMATE YOU WANT TO VISIT (LAST FIRST MIDDLE)	INMATE'S CDC NUMBER
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2. YOUR NAME (Print your name exactly as indicated on the photo identification you will be using)	SUFFIX (Jr., Sr., etc.)	HOME TELEPHONE NUMBER ()
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3. MAIDEN NAME (If applicable)	HAVE YOU EVER USED ANOTHER NAME? IF SO, PLEASE LIST	RELATIONSHIP TO INMATE: (Spouse, Son/Daughter, other)
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4. DATE OF BIRTH (Mo/Day/Yr)	AGE	GENDER (Check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHPLACE (City County State Country)
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5. ID NUMBER	ID TYPE (Check one) <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> STATE ID <input type="checkbox"/> MILITARY ID <input type="checkbox"/> USINS CARD <input type="checkbox"/> MCAS <input type="checkbox"/> PASSPORT
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OFFICIAL USE ONLY EXPIRATION DATE:	ISSUED BY (County State Country)	6. SOCIAL SECURITY NUMBER
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7. CURRENT RESIDENCE ADDRESS: STREET ADDRESS Apt. # (If Applicable)	CITY	STATE	ZIP CODE
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8. MAILING ADDRESS: (If different from Residence Address)	CITY	STATE	ZIP CODE
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9. PREVIOUS ADDRESS WITHIN PAST TWO YEARS: Apt. # (If Applicable)	CITY	STATE	ZIP CODE
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10. ACCOMPANYING MINOR(S) (If Any): NAME, DOB, RELATIONSHIP TO INMATE		
1.	2.	3.

10. <i>Continued</i>		
4.	5.	6.

11. HAVE YOU EVER VISITED ANOTHER INMATE(S) IN A CALIFORNIA PRISON?
 (Check one) YES NO If YES, complete Item 11A. Attach additional sheet(s) if more than two inmates.

11A. INMATE NAME	CDC NUMBER	INSTITUTION WHERE YOU VISIT INMATE	RELATIONSHIP TO INMATE
1.			
2.			

12. HAVE YOU EVER BEEN DETAINED, ARRESTED, OR CONVICTED OF A CRIME?
 (Check one) YES NO If YES, complete Item 12A. List all detentions, arrest and/or convictions. Failure to list all requested information may result in denial of visiting. Attach additional sheet(s) if necessary.

12A. OFFENSE	APPROX. DATE	DISPOSITION: (Dismissed, Probation, Jail, Prison)	COUNTY	STATE

13. ARE YOU ON PROBATION? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ON PAROLE OR CIVIL ADDICT OUTPATIENT STATUS? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN INCARCERATED IN A STATE ADULT/JUVENILE CORRECTIONAL FACILITY? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	14. ARE YOU CURRENTLY UNDER ANY TYPE OF COURT IMPOSED PROGRAM? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
<small>If YES, answer 13A.</small>	<small>If YES, answer 13A.</small>	<small>If YES, read 13B</small>	<small>If YES, please explain on additional sheet and attach to this form.</small>

13A. TYPE: (Court, Formal, Informal, etc.)	SUPERVISING AGENCY	NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:	COUNTY	STATE
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13B. If you were discharged from an institution or discharged from parole or outpatient status within the last twelve (12) months, you must have prior written approval of the Warden before visiting will be permitted. You will also need to provide a copy of your discharge paperwork.

15. If you are under 18 years of age and are not an emancipated minor or the inmate's legal spouse, you must have the written notarized consent of a parent or legal guardian and be accompanied by a responsible adult who is also approved to visit. The notarized written consent must be presented each time a minor visits unless prior approval has been attained from the Warden for an inmate to visit with his or her unchaperoned children.
16. **VISITORS WITH DISABILITIES:** If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistive devices, i.e., crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for the visually or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician. Visitors with guide dogs will need to provide the dog's certification paperwork upon visit check-in. The CDC will make every effort to provide reasonable accommodations for all qualified/eligible visitors with disabilities in keeping with the safety and security of the institution and the public. If you have any questions and/or concerns, please contact the institution where the inmate is confined.
17. The following laws relate to prison visitation:

SUBJECT TO SEARCH: Visitors entering the correctional institution, camp or facility grounds are subject to a search of their person, vehicle and property. Except as described below, visitors may leave the institution, camp, or facility grounds rather than submit to a search of their person, vehicle or property. Refusal to submit to the search will result in denial of visiting for that day.

Visitors may not elect to leave the correctional institution, camp or facility grounds rather than submit to a search when institution officials possess a court issued search warrant or cause for a search arises while the visitor is on the institution grounds and the cause for the search is believed by institutional officials to be a criminal offense.

FIREARMS AND DRUGS ON INSTITUTIONAL GROUNDS /ASSISTING INMATES TO ESCAPE: It is a felony for anyone to assist inmates to escape. Bringing firearms, deadly weapons, explosives, tear gas, drugs, drug paraphernalia, or selling drugs on prison grounds, or giving/selling inmates firearms, weapons, explosives, liquor, cocaine, or other narcotics or any kind of drugs, including marijuana, is a crime (Sections 2772, 2790, 4534, 4535, 4550, 4573, 4573.5, 4573.6, 4573.8, 4573.9, 4574, 4600, California Penal Code).

GIVING LETTERS TO INMATES OR TAKING LETTERS OUT FOR INMATES BY ANYONE IS A MISDEMEANOR:
(Section 4570, 4570.1, California Penal Code).

FALSE IDENTIFICATION: Anyone who falsely identifies himself/herself to gain admittance to a prison is guilty of a misdemeanor. Persons previously convicted of a felony in the State who come upon the grounds of a prison without permission of the official in charge are guilty of a felony (Section 4570.5, 4571 California Penal Code).

TRESPASSING: Entry on institution property for unauthorized purposes will be considered trespassing as provided in Section 602(j) of the California Penal Code. Refusal or failure to leave the property when requested to do so by an official will be considered trespassing as provided in Section 602(p) of the California Penal Code.

PERIOD OF EMERGENCY: In the event of an emergency situation that affects a significant portion of the inmate population at an institution, the visiting program and other program activities may be suspended during the period of emergency (Section 2601(d), California Penal Code).

GIVING OR RECEIVING GIFTS: Giving or receiving gifts to or from inmates is a misdemeanor (Section 2540, 2541, California Penal Code).

HOSTAGES: Hostages will not be recognized for bargaining purposes during attempted escapes by inmates (Section 3304, California Code of Regulations, Title 15, Division 3, Chapter 1).

18. If you are APPROVED to visit, the inmate will be notified and it is his/her responsibility to notify you.
If you are DISAPPROVED to visit, the institution will notify you by mail. You will not be allowed to visit until your application is approved.

I have read and understand the above information and agree to follow all Federal, State and CDC rules and regulations.	VERIFICATION OF MAILING
	I have mailed this Visiting Questionnaire to the visitor applicant.
_____ VISITOR SIGNATURE	_____ INMATE SIGNATURE / CDC #
_____ DATE	_____ DATE

OFFICIAL USE ONLY--TO BE COMPLETED BY INSTITUTION STAFF

APPROVED

DISAPPROVED, for the following reason(s): (If DISAPPROVED, the applicant and inmate are to be informed in writing of the disapproval.)

Omissions and/or falsifications Section(s): _____ Need copy of Declaration of Discharge
 Need disposition(s) for: _____
 Applicant is under: parole formal probation Civil Addict Outpatient supervision
 Arrest record received via DOJ indicates applicant has an extensive and/or recent history of criminal activity for offenses that are particularly sensitive to the institutional security. May reapply after: (DATE: _____)
 Other: _____
 Applicant's privileges to visit will be reconsidered:
 upon receipt of the above requested information and/or after (DATE: _____)

PRINT NAME	SIGNATURE	TITLE	INSTITUTION	DATE
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INMATE/VISITOR NOTIFIED ON (DATE) _____ BY WHOM _____