

VISITING APPLICATION

Brandon Correctional Centre
 375 Veterans Way
 Brandon, MB R7C 0B1
 Phone: 204-725-3532

Unit <u> </u> NC <u> </u> C <u> </u> D <u> </u>
Info <u> </u> (Staff Use Only)

45-05-25
 BCC00229
 (22/March)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND SIGN IN THE APPLICABLE SPACE: Providing false or incomplete information is sufficient reason to deny access to this facility. Forward your completed application as soon as possible. **NOTE: Picture ID is MANDATORY** when visiting this facility and will be requested at the time of completing this application. 2 pieces of Identification is required (1 photo 1 current address) Proof of children also required (health card/passport)

Name of Person you are Visiting (Last name, First name)		Your relationship to him/her	How long have you known him/her?
Your Last Name		Your First Name	Your Middle Name
Maiden Name (if applicable)	Your Date of Birth (Y-M-D)	Your Phone Number(s)	
Your Current Mailing Address		City/Town	Postal Code

1. Have you ever visited Brandon Correctional Centre before? Yes No
 If YES, when and who did you visit? _____

2. Have you **EVER** been convicted of a criminal offense? Yes No (dating back as far as you can go)

3. Are there any **OUTSTANDING CHARGES** against you? Yes No

4. Are you currently on **PROBATION**? Yes No

Given Names of the children (17 years and under) who will be visiting with you.

Name	Date of Birth (Y-M-D)	Name	Date of Birth (Y-M-D)
Name	Date of Birth (Y-M-D)	Name	Date of Birth(Y-M-D)
Name	Date of Birth (Y-M-D)	Name	Date of Birth(Y-M-D)

ACKNOWLEDGEMENT AND CONSENT

- I acknowledge that I have read and understand information contained in Brandon Correctional Centre's Visitor Information Handout.
- I also understand the Manitoba Department of Justice (Corrections) has the sole right to determine my suitability as an offender's visitor. I further understand that approval of visiting privileges is conditional upon satisfactory results of a security screening and I hereby give my consent to the Department of Justice to use the information provided on this form to conduct such a screening. To this end, I certify that the information I have submitted is true and accurate to the best of my knowledge and I agree to notify facility staff immediately should there be any changes to that information. **I acknowledge that the submission of false or misleading information or the failure to advise of changes may result in denial or suspension of my visiting privileges for an indefinite period.** Finally, I agree to observe all the stated rules, regulations and policies while visiting this facility and understand that the failure to do so may result in suspension of my visiting privileges.
 - A denial of visiting privileges may be appealed by submitting a written request to the Superintendent of this facility.

Applicants signature: _____ Date: _____

*****If you are aware of any suicidal thoughts expressed by an offender, please advise a staff member immediately.*****

*****THIS PAGE OFFICE USE ONLY*****

This information to be completed on **Visitor** not Inmate:

Yes No Application received/added to Visitor List

Yes No Address verified

Yes No Photo ID verified  Yes No Picture in COMS

Yes No CPIC ordered  Yes No CPIC Received: _____

Yes No **Inmate File Reviewed:**
Comments: _____

Yes No **PSF Reviewed:**
Comments: _____

RSO Recommendation and Information Required:

Approved

Denied

Verify Address

MHSC required

Photo ID required

Comments: (Information for Letter)

Inmate: _____

Visitor: _____

RSO Signature: _____

Date: _____