



Minor Visitor Notarized Statement

To: Facility Unit Head

I _____ attest that I am the Parent or Legal Guardian
of the child/children listed below:

Minor's Name	Age	Minor's Relationship To Inmate or Probationer/Parolee
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

I understand that if any of the following circumstances exist the associated child/children cannot visit; I further attest to the following for each of the children listed above.

- No Yes There is a Court Order prohibiting visits between the child/children and the inmate or probationer/parolee
- No Yes The parental rights of the inmate or probationer/parolee for the child/children have been terminated
- No Yes The child/children are a direct victim of a violent crime committed by the inmate or probationer/parolee

I and my child/children are currently approved to visit with _____
(Inmate, Probationer, Parolee Name & DOC Number)

As the parent/legal guardian of the child/children. In addition to myself, I hereby authorize the following adult(s) to accompany my child/children for visitation with inmate or probationer/parolee _____ at _____
(Inmate, Probationer, Parolee Name & DOC Number)

(Facility Name)

Name Of Authorized Adult Visitors	Visitor's Relationship To Child
1 _____	_____
2 _____	_____
3 _____	_____

My consent for the above listed adults to accompany my child/children for visitation is given:

- For a period of one year from the date of my signature
- Until I withdraw such consent in writing (not to exceed one year)
- For a period of one year from the date of my signature

Consent for Search and Supervision:

In giving permission for my child/children to enter the facility, I understand and consent to the following:

- The child/children will be searched before entering the facility for visitation in accordance with Operating Procedure 851.1, *Visiting Privileges*. Corrections staff will conduct the search in the presence of the parent, legal guardian, or accompanying adult.
- The child/children is the responsibility of the parent, legal guardian, or accompanying adult, the child/children must remain in their care and supervision at all times and must not be left unattended anywhere on DOC property.

I hereby certify that that the information provided is true and correct.

Parent/Legal Guardian Signature _____ Date

FOR NOTARY PUBLIC'S USE ONLY:

State of _____ [] City [] County of _____ Acknowledged, subscribed and sworn to before me this _____ day of _____, 20____.

Notary Name Notary Registration Number _____

Notary Public's Signature

(My commission expires: _____)