



### 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: \_\_\_\_\_)