Minor Visitor Notarized Statement

To: Facility Unit Head

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

<table>
<thead>
<tr>
<th>Minor’s Name</th>
<th>Age</th>
<th>Minor’s Relationship To Inmate or Probationer/Parolee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(Name of Authorized Adult Visitors)

<table>
<thead>
<tr>
<th>Name Of Authorized Adult Visitors</th>
<th>Visitor’s Relationship To Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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 _____________________________

(My commission expires: _____________________________)

Revision Date: 12/29/20