

**Minnesota Correctional Facility-Rush City
Background Check Agreement for Facility Visitors**

1. You cannot be on an offender's visiting list in the Minnesota Department of Corrections unless approved by the warden or designee.
2. You must register both when entering and leaving the correctional facility according to facility procedures.
3. You must present valid photo identification for each admission to the correctional facility.
4. Items entering the facility will be searched. All items should be in a clear bag.
5. Each activity is set up in advance through the staff contact person.
6. If you cannot attend a scheduled activity, you **MUST** contact the facility staff contact as soon as possible.
7. Do not use or bring onto the grounds or into the buildings any alcoholic beverages, tobacco and related devices, drugs or other intoxicants, firearms or other weapons, or any item deemed to be contraband by the facility.
8. Do not bring any beverage or food into the scheduled activity unless pre-arranged.
9. Keep your vehicle locked while it is on the facility grounds.
10. You may not engage in sexual activity with an offender. (Minnesota Statute 609.345).
11. You will **NOT** accept any item from an offender, nor will you **GIVE** any item to an offender.
12. If you are related to an offender you must be approved to enter the facility by the warden or designee.
13. Do not provide *personal* data about yourself or any staff to an offender such as addresses and telephone numbers.
14. You must cooperate with staff and follow their direction relating to your activity within the facility.
15. You will be re-certified annually, if necessary.
16. All persons must pass a criminal history check before entering the facility. Having a criminal record does not automatically disqualify you from entering the facility.
17. You must be 18 years of age.
18. You must produce a relevant license and/or certificate, if applicable.
19. **Are you communicating with an offender at ANY facility** No Yes
20. **Are you related to or acquainted with an offender at ANY facility** No Yes
21. **Are you, or have you been, on an offender's visiting list at ANY facility** No Yes

BY SIGNING THIS FORM I UNDERSTAND AND AGREE TO THE FOLLOWING STATEMENTS:

- A criminal history and visit list check will be conducted on me.
- I have read the above information and agree to abide by it.
- I further understand that violation of any of the above rules could result in termination of my authorization to enter a correctional facility.
- I understand it is a felony to introduce contraband to any correctional facility.

I declare that the information I have given is true and complete.

Signature: _____ **Date:** _____

PLEASE PRINT LEGIBLY:

Legal Last Name/Maiden Name First Name Middle Name Date of Birth Place of Birth
State or Country

Male Female Race/Ethnicity: White Native American or Alaskan African American Unknown

PROPER IDENTIFICATION IS REQUIRED. ENTER ID NUMBER AND CHECK TYPE OF PICTURE ID.

- 1. Valid driver's license from state of residence.
- 2. Valid state photo ID card.
- 3. Military ID (active duty only).
- 4. Valid passport (foreign resident).
- 5. DOC photo ID.
- 6. Tribal ID card (as detailed in Minn. Stat. §171.072, subd. b and c).

Driver's license or ID card number: _____ State: _____

Company/agency: _____

Purpose statement: _____

For Facility Use Only

Name of Facility Staff Contact: _____ Date: _____

Mantoux test required No Yes If yes, verified as negative: _____ Date: _____

Criminal History Check: _____ QP (wants & warrants): _____ Visiting Check: _____

Criminal History, QP, and Visit Check: _____ Date: _____

Reviewing Authority Signature:

Approved Disapproved Signature: _____ Date: _____

If Required: A/W Administration or A/W Operations Signature:

Approved Disapproved Signature: _____ Date: _____

Type of ID to be Issued: _____ Date ID Issued: _____ New Renew

ID Issued: _____

Needs escort

Unescorted to visit room only

No escort needed