



# Dickinson Adult Detention Center

A Division of the Southwest Multi-County Correction Center

Visitor Application

66 Museum Drive

Dickinson, ND 58601

Telephone: 701-456-7790

Fax: 701-456-7687

Inmate you would like to visit				Inmate Number	Application Date
Your Name-(First)	(Middle)	(Last)	(Maiden)	Age	Your Birth Date (MM/DD/YYYY)

Please list any children that may be coming in with you to visit who are under the age of 16.

Child's Name		Relationship to Inmate			Date of Birth		
Address		City			State	Zip Code	Telephone Number

Your Vehicle:	Make	Model	Year	Color	Driver's License Number	State DL Issued by:	Social Security Number

Relationship to Inmate:	Name of other inmates you visit

Are you banned from any other correctional institutions?  No  Yes If yes, please list.

Are you currently charged with any crimes or awaiting criminal court proceedings?  No  Yes-List below or on separate sheet.

Are you currently on probation (supervised or unsupervised)?  No  Yes-List charge(s) below, or on separate sheet.

Offense(s)	State and County	Approximate Date	Sentence (Jail, Prison, Probation, Ect)

Please read ALL information on the back of this form and sign in the proper areas.

Visitor Approved \_\_\_\_\_ Visitor Denied \_\_\_\_\_ BY \_\_\_\_\_ Date \_\_\_\_\_

DADC Visitor Application-Policies

1. No one under the age of 18 will be permitted to visit unless they are accompanied by their parent or legal guardian. Special permission must be granted by the Chief of Security or designee for other circumstances and written consent must be given by the child's parent or legal guardian.
2. Official photo identification will be required for all persons entering the facility except for those under age 16 who are supervised by parent or guardian. Failure to produce ID will be grounds to deny access. Photo ID's will be left in the lock box upon check-in.
3. Visitors and inmates are to be dressed in proper clothes before entering the visiting room. Proper clothing includes underwear, bra, shoes, shirts, blouses, slacks, jeans, skirts, dresses or shorts. Halter dresses, halter tops, sleeveless shirts and bib overalls are not allowed. Dresses, skirts and shorts can be no more than two inches above the knee. Spandex shorts and pants are not allowed to be worn unless other clothing is worn over the top of them.
4. Contraband: Defined as any item or service not specifically authorized by security staff. No property or other items will be allowed, unless specifically approved by security staff. Visitors must leave their vehicle keys in the lock box upon check-in.
5. Visitors with small children will be allowed to bring 1 diaper, 1 bottle.
6. No electronic devices are allowed. All items will be subject to search.
7. All visitations must be scheduled at least 24 hours in advance. Visitation for presentenced, and inmates sentenced to another facility, are booth visits only. Hours are Tuesday through Friday between the hours of 8:00am and 4:00pm. Inmates sentenced to DADC are allowed contact visits Monday through Thursday between 7:00pm and 9:00pm. All visits are limited to two hours.

North Dakota Century Code: Section 12-47-21. Alcoholic beverages and controlled substances prohibited-Physician's orders-Use of tobacco-Penalty.

1. It is unlawful for any person to deliver or administer, whether or not for a consideration, any alcoholic beverage or controlled substance to any inmate of DADC. This subsection does not apply to the delivery or administration of controlled substances or alcoholic beverages in accordance with the order or prescription of a duly licensed physician and the approval, except in emergency circumstances, of the Operations Administrator.
2. No DADC inmate may possess any controlled substance or alcoholic beverage unless the substance or beverage was delivered to the inmate or was possessed in accordance with the prescription or orders of a licensed physician.
3. Any person, other than an official or employee of DADC who violates subsection 1 by delivering or administering a controlled substance is guilty of a Class B felony. Any official or employee of DADC who violates subsection 1 by delivering or administering a controlled substance is guilty of a Class A felony. Any person who violates subsection 1 by delivery alcoholic beverages is guilty of a Class A misdemeanor.
4. Any person who violates subsection 2 by possessing a controlled substance is guilty of a Class B felony. Any person who violates subsection 2 by possessing alcoholic beverages is guilty of a Class A misdemeanor. Any person who delivers tobacco to a DADC inmate is guilty of a Class B misdemeanor.
5. As used in this section, "controlled substance" is defined in subsection 6 of section 19-03.1-01 and includes counterfeit substances as defined in subsection 7 of section 19-02.1.01.
6. Any person who attempts to bring in a shard or weapon that is not deemed dangerous is guilty of a Class B Felony. Any person who attempts to bring to bring in a shard or weapon that is deemed dangerous is guilty of a Class A Felony.

Waiver of Responsibility Agreement

I fully understand the risks and dangers involved in entering a prison facility. I realize that my life could be in danger and I could be held hostage, be assaulted, verbally abused, and otherwise placed in danger.

I understand and agree that the administration of Dickinson Adult Detention Center or any of its staff cannot guarantee my safety. I accept the fact that DADC has granted me permission to enter the grounds and facilities of DADC and its subsidiaries because I realize the dangers and risks involved.

I will observe all the rules and regulations required. I will adhere strictly to all policies and regulations required to maintain the security of the institution.

Read all policies on this form.

Do not attempt to visit until notified by inmate.

All information is true and correct. I understand that providing false information on this questionnaire is grounds for denying visiting privileges. I have read and fully understand the information on both sides of this form.

Proper Photo Identification is required for each visit.

Date Signed: \_\_\_\_\_

Visitor Signature: \_\_\_\_\_

## Southwest Multi-County Correction Center

### Prison Rape Elimination Act (PREA) Compliance Acknowledgement (Contractors, Visitors, and Volunteers)

I acknowledge that residents committed to the custody of Southwest Multi-County Correction Center ("SWMCCC"), or who are under the supervision and management of SWMCCC, will be free from the following:

1. Sexual Abuse to include;
  - A. Sexual abuse of a resident by another resident, staff member, contractor, visitor, or volunteer; includes any of the following acts, whether consensual or not, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse:
    - (1) Contact between the penis and the vulva, or the penis and the anus, including penetration, however slight;
    - (2) Contact between the mouth and the penis, vulva, or anus;
    - (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument;
    - (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, of the buttocks of another person, excluding contact incidental to a physical altercation.
2. Sexual Harassment to include;
  - A. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed towards another resident;
  - B. Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, visitor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
3. Voyeurism by a staff member, contractor, visitor, or volunteer;
  - A. An invasion of privacy of a resident, by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet to perform bodily functions; requiring a resident to expose their buttocks, genital, or breasts' or taking images of all or part of a resident's naked body or of a resident performing bodily functions.

#### ACKNOWLEDGEMENT:

I acknowledge I have read and understand the requirements of the Prison Rape Elimination Act ("PREA"), and acknowledge SWMCCC's zero-tolerance towards all forms of sexual abuse and sexual harassment.

I must immediately report any information or knowledge of sexual abuse or sexual harassment of any resident by another resident, staff member, contractor visitor, or volunteer, to a SWMCCC staff member in writing or verbally.

By signing this agreement, I acknowledge I understand, and will comply with these expectations. I understand a violation of this agreement may result in termination of any contract, and the imposition of civil or criminal penalties under state and federal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Agency/Company/Service Provider