

Institution:

Massachusetts Department of Correction Visitor Application Attachment I



in accordance with 103 CMR 483
Department of Correction Visiting Policy

Address:

Read Carefully: All questions must be answered under penalties of perjury pursuant to M.G.L 127 \$ 36. Any om ralsifications shall be considered sufficient disapproval for visitation. Please complete all fields and provide a condition of the superintendent above noted institution. For this application to be processed, you must currently be on the inmate visitor list submitted by the offender. Name:	Inmate's Na		must be answered under	Inmate's N		ent to M.C.I	127 6 36 Any omics
Name: Last First Middle	r falsificat	tions shall be consid	ered sufficient disappro	val for visit	ation. Please com	iplete all fie	elds and <u>provide a cur</u>
Name: Last First Middle	bove noted	d institution.		_			_
Mother's maiden name: Last First Middle Father's name: Last First Middle Father's name: Last First Middle Previous name/Alias: Last First Middle Address: Street City State Zip Code Telephone Number: Sex: Male Female Date of Birth: Date of Birth: (State) (Number) Relationship to Inmate: (i.e. Wife, Son, Daughter, etc.) Are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes No Fyes, what is his/her name: Number: Relationship: Number: Relationship: Number: Relationship: Sex: Numbe	<u>For</u>	this application to be	processed, you must cur	rently be on	the inmate visitor	list submitte	d by the offender.
Mother's maiden name: Last First Middle Father's name: Last First Middle Father's name: Last First Middle Previous name/Alias: Last First Middle Address: Street City State Zip Code Telephone Number: Sex: Male Female Date of Birth: Date of Birth: (State) (Number) Relationship to Inmate: (i.e. Wife, Son, Daughter, etc.) Are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes No Fyes, what is his/her name: Number: Relationship: Number: Relationship: Number: Relationship: Sex: Numbe	N						
Middle Father's name:	Name:	Last		First			Middle
Father's name: Last First Middle		iden					
Last First Middle Previous name/Alias: Last First Middle Address: Street City State Zip Code Telephone Number: Sex: Male Female Date of Birth: Place of birth: City State ID/Driver's License Information: (State) (Number) Relationship to Inmate: (i.e. Wife, Son, Daughter, etc.) are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes No Yes, what is his/her name: Number: Relationship: lave you ever been convicted of a felony? Yes No If yes, please fill out the information below: OFFENSES (S)		Last		First			Middle
Previous name/Alias: Last First Middle	Father's nam	e:					
Address: Street City State Zip Code		Last		First			Middle
Address: Street City State Zip Code Telephone Number: Date of Birth: Place of birth: City State ID/Driver's License Information: (State) (Number) Relationship to Inmate: (i.e. Wife, Son, Daughter, etc.) Are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes No f yes, what is his/her name: Number: Relationship: Aver you ever been convicted of a felony? Yes No If yes, please fill out the information below: OFFENSES (S)							
Street City State Zip Code Telephone Number: Male Female Date of Birth: City State ID/Driver's License Information: (State) (Number) Relationship to Inmate: (i.e. Wife, Son, Daughter, etc.) Are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes No Tyes, what is his/her name:	name/Anas.	Last		First			Middle
Street City State Zip Code Telephone Number: Male Female City State Date of Birth: City State ID/Driver's License Information: (State) (Number) Relationship to Inmate: (i.e. Wife, Son, Daughter, etc.) Are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes No Syes, what is his/her name:	Address:						
Date of Birth: City State		Street		City	State	ę	Zip Code
Date of Birth: City State	Talanhana N	Jumbor		Cov.	Molo D Fomelo D	7	
City State	Telephone I	vuinber.		JCA.	Wale a Pennale C	•	
City State		_					
ID/Driver's License Information: (State) (Number) Relationship to Inmate: (i.e. Wife, Son, Daughter, etc.) Are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes No Payes, what is his/her name: Number: Relationship: Investigation of A felong Payes, please fill out the information below: OFFENSES (S)	Date of Birth	:		Place of birth:			State
Relationship to Inmate: (i.e. Wife, Son, Daughter, etc.) are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes No No Syes, what is his/her name: Number: Relationship: Ave you ever been convicted of a felony? Yes No If yes, please fill out the information below: OFFENSES (S)	ID/Driver's I	icanca			2.13		
Relationship to Inmate: (i.e. Wife, Son, Daughter, etc.) are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes \(\Boxedown \) No \(\Boxedown \) f yes, what is his/her name: Number: Relationship: Ave you ever been convicted of a felony? Yes \(\Boxedown \) No \(\Boxedown \) If yes, please fill out the information below: OFFENSES (S)							
(i.e. Wife, Son, Daughter, etc.) are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes \(\Boxedown \) No \(\Boxedown \) Fyes, what is his/her name: \(\boxedown \) Number: \(\Boxedown \) Relationship: \(\Boxedown \) Iave you ever been convicted of a felony? Yes \(\Boxedown \) No \(\Boxedown \) If yes, please fill out the information below: OFFENSES (S)		(State) (N	umber)			
(i.e. Wife, Son, Daughter, etc.) are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes \(\Boxedown \) No \(\Boxedown \) Fyes, what is his/her name: \(\boxedown \) Number: \(\Boxedown \) Relationship: \(\Boxedown \) Iave you ever been convicted of a felony? Yes \(\Boxedown \) No \(\Boxedown \) If yes, please fill out the information below: OFFENSES (S)	Relationshi	in to Inmate:					
Syes, what is his/her name: Number: Relationship: Inverse you ever been convicted of a felony? Yes No If yes, please fill out the information below: OFFENSES (S)	Relationsin		i.e. Wife, Son, Daughter, etc.)				
Yes, what is his/her name: Number: Relationship: Inverse of Number: Relationship: OFFENSES (S)							
Iave you ever been convicted of a felony? Yes \(\square\) No \(\square\) If yes, please fill out the information below: OFFENSES (S)	are you curren	tly on the visiting list of an	inmate confined in the Massach	usetts Departmen	nt of Correction?	Yes 🗆 No 🗆]
Have you ever been convicted of a felony? Yes No If yes, please fill out the information below: OFFENSES (S) e of	fves what is l	nis/her name	Niii	nher:	Relat	ionshin:	
OFFENSES (S) e of	•					•	
e of	Iave you ever	been convicted of a felony?	Yes \(\sqrt{\operatorname{A}} \) No \(\sqrt{\operatorname{A}} \) If ye	s, please fill out	the information below:		
	e of		<u>C</u>	OFFENSES (S)			
		Court	Charge (s)		Disposition*		

*Disposition should include length of sentence imposed, probation, filed, dismissed, etc.

Date of release from mo	st recent:						
Incarceration	:	-	(Specify in	nstitution)			
Parole:			Probation:	:			
Is this application par	t of an Offender Reentry Program?	Yes 🗆	No 🗖	If yes, which p	rogram?		
Are you now or hav Facility?	e you ever been an employee, contractor,	intern or v	volunteer o	f the Massachu	setts Department of C	Correction or	any County Correctional
Yes 🗖 No 🗖	If yes, when and where:						
	r have you ever been the victim, family moder you are requesting to visit or any inmate				the Criminal History	Systems Boar	rd to receive notifications
Yes 🗖 No 🗖	If yes, who and when:						
Do you currently hav	e an active restraining order filed against th	is inmate?	Yes 🗖	No 🗖			
Does the inmate curre	ently have an active restraining order filed a	ngainst you	? Yes 🗖	No 🗖			
	required to keep lifesaving medication res you to enter with a medical device or on.						
Your Signature:				Date:			
Email:				I agree to	be notified via email:	Yes 🗖	No 🗆
Approved:	□ Denied: □						
Superintendent/Des	ignee: Signature			Date:			
	Signature						

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Facility Mailing Address List

Boston Pre-Release Center

430 Canterbury Street Roslindale, MA 02131 (617) 822-5000

Bridgewater State Hospital

20 Administration Road Bridgewater, MA 02324 (508) 279-4500

Lemuel Shattuck Hospital Unit

180 Morton St. Jamaica Plain, MA 02130 617-522-7585

MASAC @ Plymouth

Myles Standish State Forest 1 Bumps Pond Road Plymouth, MA 02360 (508) 295-0368 or (508) 291-2441

Massachusetts Treatment Center

30 Administration Road Bridgewater, MA 02324 (508) 279-8100

MCI-Cedar Junction

Route 1A P.O. Box 100 South Walpole, MA 02071 (508) 660-8000 or (508) 668-2100

MCI-Concord

965 Elm Street P.O. Box 9106 Concord, MA 01742 (978) 405-6100

MCI-Framingham

99 Loring Drive P.O. Box 9007 Framingham, MA 01701 (508) 532-5100

MCI-Norfolk

2 Clark Street P.O. Box 43 Norfolk, MA 02056 (508) 660-5900

MCI-Shirley

Harvard Road P.O. Box 1218 Shirley, MA 01464 (978) 425-4341

North Central Correctional Institution

500 Colony Road P.O. Box 466 Gardner, MA 01440 (978) 630-6000

Northeastern Correctional Center

Barretts Mill Road P.O. Box 1069 West Concord, MA 01742 (978) 371-7941

Old Colony Correctional Center

1 Administration Road Bridgewater, MA 02324 (508) 279-6000

Pondville Correctional Center

1 Industries Drive P.O. Box 146 Norfolk, MA 02056 (508) 660-3924 (508) 668-0808 or (508) 668-8516

South Middlesex Correctional Center

135 Western Avenue P.O. Box 788 Framingham, MA 01701 (508) 879-1241 or (508) 875-2883/2884/2885

Souza-Baranowski Correctional Center

Harvard Road P.O. Box 8000 Shirley, MA 01464 (978) 514-6500