VISITING RULES

RE:			

Please be advised that the above named has requested that you be allowed to visit him at this Facility. Residents are encouraged to maintain and strengthen relationships with family and friends through visiting. However, this is a Correctional Facility and we therefore need to bring the following rules and regulations to your attention.

- 1) All visitors must present proper identification upon entrance to the Facility. Photo identification listing date of birth and physical characteristics is required.
- 2) Each visitor must sign in at the Control Desk before being allowed into the Facility to visit.
- 3) All visitors entering the Facility are subject to search. Anyone refusing to submit to a search will be required to leave and will be subject to not being allowed to visit again at the Facility.
- 4) Visitors will not be allowed to bring food or drink into the Facility. Any such items brought in will be confiscated and be disposed of in an appropriate manner.
- 5) Smoking is not allowed inside the facility or on facility grounds.
- 6) Visitors must be appropriately attired. Shoes and shirts are required. You may not wear mini-skirts, short shorts, muscle shirts, halter tops, see-through clothing, clothing with obscene or lewd slogans, pictures or words, or clothing which depicts alcohol, drug or gang related symbols (e.g., emblems, words, pictures, etc.) will not be allowed.
- 7) The Resident and the Visitor my briefly embrace at the beginning and the termination of the visit. Holding hands which must be in view at all times, is the only physical contact allowed. Residents may hold small children.
- 8) Visitation is restricted to the living room/dining room area.
- 9) If you bring small children to visit, you are responsible for the child's behavior. If children are unruly or unmanageable, they along with the adult will be asked to leave. Children should not be running in the building and should be in the same area as the adult at all times. (Visitors may not play pool or video games).
- 10) If the effects of alcohol or narcotic drugs is detected before or during the visit, the visit will be terminated and you will be subject to removal from the Residents visiting list.
- 11) You may not visit with other Residents while here.

12) Normal visiting hours are:

Tuesdays and Thursdays:

6:30 p.m. to 8:30 p.m.

Saturdays:

6:30 p.m. to 9:00 p.m.

Sundays:

1:30 p.m. to 4:30 p.m.

Visiting times are also posted at the front of the building and are subject to change at the discretion of the Residential Manager.

Patrick Lacy, Residential Manager

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Donn Bruess, Probation/Parole Supervisor

If you understand and agree to the above, you need to complete and sign the questionnaire below and personally deliver or have the form mailed to the Resident's assigned Case Manager at one of the below locations. If the form is returned incomplete it will be rejected. Also, the Residents are not allowed to submit these forms and they must be either delivered in person or mailed directly to the assigned Case Manager. The assigned Case Manager will then investigate your application, which will include speaking to you on the phone. If approved, your name will be added to the Resident's approved Visitor's List.

Centerville Probation/Parole Office 205 W. Van Buren Centerville, IA 52544 Keokuk Probation/Parole Office 1508 Morgan Keokuk, IA 52632 St. Court Street Ottumwa, IA 52501	Burlington Probation/Parole Office Peterson Bldg., Suite 2A 214 N. 4th Street Burlington, IA 52601	Fairfield Probation/Parole Office 1805 W. Jefferson, Suite 1 PO Box 1060 Fairfield, IA 52556	Oskaloosa Probation/Parole Office 109 N. Third Oskaloosa, IA 52577	
1200 East Washington Admin Bidge, 3-A Mt. Pleasant, IA 52641	205 W. Van Buren	1508 Morgan	1315 N. Court Street	
NAME OF RESIDENT YOU WISH TO VISIT:	811 Avenue G	1200 East Washington Admin Bldg., 3-A		
NAME:		VISITING QUESTIONNAIRE		
ADDRESS:	NAME OF RESIDENT YOU WISH TO VISIT		· · · · · · · · · · · · · · · · · · ·	
ADDRESS:	NAME:	DATE OF B	IRTH:	
(House/P.O. Box/Apt. No.) (Street, City & State) (Zip Code) HOME PHONE: CELL PHONE 1: CELL PHONE 2: RELATIONSHIP }	(First) (Middle) (I	ast)		
HOME PHONE: CELL PHONE 1: CELL PHONE 2: RELATIONSHIP }			SSN:	
RELATIONSHIP }	(House/P.O. Box/Apt. No.) (St	reet, City & State) (Zip Code)		
RESIDENT } □Sister/Brother □Friend Other(describe): NAMES/AGES OF CHILDREN WHO WILL BE WITH YOU: Are you now or have you ever been under correctional supervision? □YES □NO (If yes) LIST WHERE/WHY: Except for minor traffic violations, have you ever been arrested? □YES □NO	HOME PHONE:C	ELL PHONE 1: CE	LL PHONE 2:	
NAMES/AGES OF CHILDREN WHO WILL BE WITH YOU: Are you now or have you ever been under correctional supervision? [YES] NO Except for minor traffic violations, have you ever been arrested?	-	cant Other Natural Parent	Step Parent	
Are you now or have you ever been under correctional supervision? [IYES	RESIDENT } ☐Sister/Brother ☐	Friend Other(describe):		
(If yes) LIST WHERE/WHY: Except for minor traffic violations, have you ever been arrested? LYES LINO	NAMES/AGES OF CHILDREN WHO WILL I	BE WITH YOU:		
(If yes) LIST WHERE/WHY: Except for minor traffic violations, have you ever been arrested? LYES LINO	Are you now or have you ever been und	er correctional supervision? YES	NO	
Except for minor traffic violations, have you ever been arrested?				
(If yes) LIST DATE(S) OF ARREST WHERE ARRESTED CHARGE DISPOSITION OF CHARGE:		-	YES IINO	
	(If yes) LIST DATE(S) OF ARREST WHERE	ARRESTED CHARGE DISPOSITION OF CH	ARGE:	

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Patrick Lacy, Residential Manager

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Ft. Madison Probation/Parole Office 811 Avenue G Ft. Madison, IA 52627	Mt. Pleasant Probation/Parole Office 1200 East Washington Admin Bldg., 3-A Mt. Pleasant, IA 52641	Washington Probation/Parole Office 2175 Lexington Blvd Washington, IA 52353	
	VISITING QUESTIONNAIRE		
NAME OF RESIDENT YOU WISH TO VISIT:			
NAME:(First) (Middle) (I	DATE OF E	SIRTH:	
ADDRESS: (House/P.O. Box/Apt. No.) (St			
(House/P.O. Box/Apt. No.) (St	reet, City & State) (Zip Code)		
HOME PHONE:C	ELL PHONE 1:CE	LL PHONE 2:	
RELATIONSHIP }	cant Other Natural Parent Seriend Other(describe):		
NAMES/AGES OF CHILDREN WHO WILL			
Are you now or have you ever been und			
(If yes) LIST WHERE/WHY:			
Except for minor traffic violations, have	_	yes []no	
(If yes) LIST DATE(S) OF ARREST WHERE	ARRESTED CHARGE DISPOSITION OF CH	IARGE:	

I have read and agree to the follow the visiting rules and certify that the above information I have provided is true and accurate and that any false statements will result in denial of visiting privileges. My signature indicates that I am giving permission for 8th Judicial District staff to conduct a background check through law enforcement agencies or public information sources.

Signature	Date:		
□Approved	(This space for Staff use only)		
□Not Approved		ž.	
Background Check Completed Date:			
Staff Signature:	Date:		