

**VISITING APPLICATION**

Brandon Correctional Centre  
 375 Veterans Way  
 Brandon, MB R7C 0B1  
 Phone: 204-725-3532

Unit <u>  </u> NC <u>  </u> C <u>  </u> D <u>  </u>
Info <u>          </u> (Staff Use Only)

45-05-25  
 BCC00229  
 (22/March)

**PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND SIGN IN THE APPLICABLE SPACE:** Providing false or incomplete information is sufficient reason to deny access to this facility. Forward your completed application as soon as possible. **NOTE: Picture ID is MANDATORY** when visiting this facility and will be requested at the time of completing this application. 2 pieces of Identification is required (1 photo 1 current address) Proof of children also required (health card/passport)

<b>Name of Person you are Visiting</b> (Last name, First name)		<b>Your relationship to him/her</b>	<b>How long have you known him/her?</b>
<b>Your Last Name</b>		<b>Your First Name</b>	<b>Your Middle Name</b>
<b>Maiden Name (if applicable)</b>	<b>Your Date of Birth (Y-M-D)</b>	<b>Your Phone Number(s)</b>	
<b>Your Current Mailing Address</b>		<b>City/Town</b>	<b>Postal Code</b>

1. Have you ever visited Brandon Correctional Centre before? Yes    No     
 If YES, when and who did you visit? \_\_\_\_\_

2. Have you **EVER** been convicted of a criminal offense? Yes    No    (dating back as far as you can go)

3. Are there any **OUTSTANDING CHARGES** against you? Yes    No   

4. Are you currently on **PROBATION**? Yes    No   

**Given Names of the children (17 years and under) who will be visiting with you.**

Name	Date of Birth (Y-M-D)	Name	Date of Birth (Y-M-D)
Name	Date of Birth (Y-M-D)	Name	Date of Birth(Y-M-D)
Name	Date of Birth (Y-M-D)	Name	Date of Birth(Y-M-D)

**ACKNOWLEDGEMENT AND CONSENT**

- I acknowledge that I have read and understand information contained in Brandon Correctional Centre's Visitor Information Handout.
- I also understand the Manitoba Department of Justice (Corrections) has the sole right to determine my suitability as an offender's visitor. I further understand that approval of visiting privileges is conditional upon satisfactory results of a security screening and I hereby give my consent to the Department of Justice to use the information provided on this form to conduct such a screening. To this end, I certify that the information I have submitted is true and accurate to the best of my knowledge and I agree to notify facility staff immediately should there be any changes to that information. **I acknowledge that the submission of false or misleading information or the failure to advise of changes may result in denial or suspension of my visiting privileges for an indefinite period.** Finally, I agree to observe all the stated rules, regulations and policies while visiting this facility and understand that the failure to do so may result in suspension of my visiting privileges.
  - A denial of visiting privileges may be appealed by submitting a written request to the Superintendent of this facility.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*If you are aware of any suicidal thoughts expressed by an offender, please advise a staff member immediately.\*\*\***

\*\*\*\*\*THIS PAGE OFFICE USE ONLY\*\*\*\*\*

This information to be completed on **Visitor** not Inmate:

Yes  No Application received/added to Visitor List

Yes  No Address verified

Yes  No Photo ID verified   Yes  No Picture in COMS

Yes  No CPIC ordered   Yes  No CPIC Received: \_\_\_\_\_

Yes  No **Inmate File Reviewed:**  
Comments: \_\_\_\_\_

Yes  No **PSF Reviewed:**  
Comments: \_\_\_\_\_

**RSO Recommendation and Information Required:**

Approved

Denied

Verify Address

MHSC required

Photo ID required

**Comments: (Information for Letter)**

**Inmate:** \_\_\_\_\_

\_\_\_\_\_

**Visitor:** \_\_\_\_\_

\_\_\_\_\_

RSO Signature: \_\_\_\_\_

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