

# Online Visiting Application Instructions

## Friends and Family

Website: <https://web.mo.gov/doc/pubVisit/>

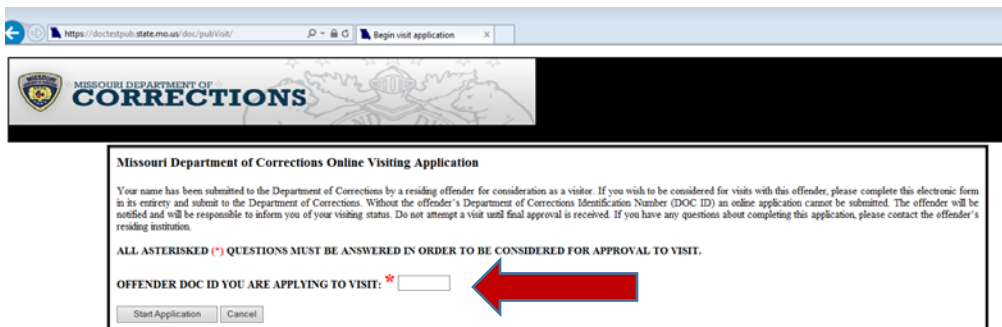
Do not complete an online application if you are applying for the following:

**-Clergy Status-**

**-Minor Visitor applying for an offender who is restricted to Adult Only-**

If you are unsure if the above if this applies to you please contact the Institutional Case Manager

### Step 1: Enter the offenders ID number



Missouri Department of Corrections Online Visiting Application

Your name has been submitted to the Department of Corrections by a residing offender for consideration as a visitor. If you wish to be considered for visits with this offender, please complete this electronic form in its entirety and submit to the Department of Corrections. Without the offender's Department of Corrections Identification Number (DOC ID) an online application cannot be submitted. The offender will be notified and will be responsible to inform you of your visiting status. Do not attempt a visit until final approval is received. If you have any questions about completing this application, please contact the offender's residing institution.

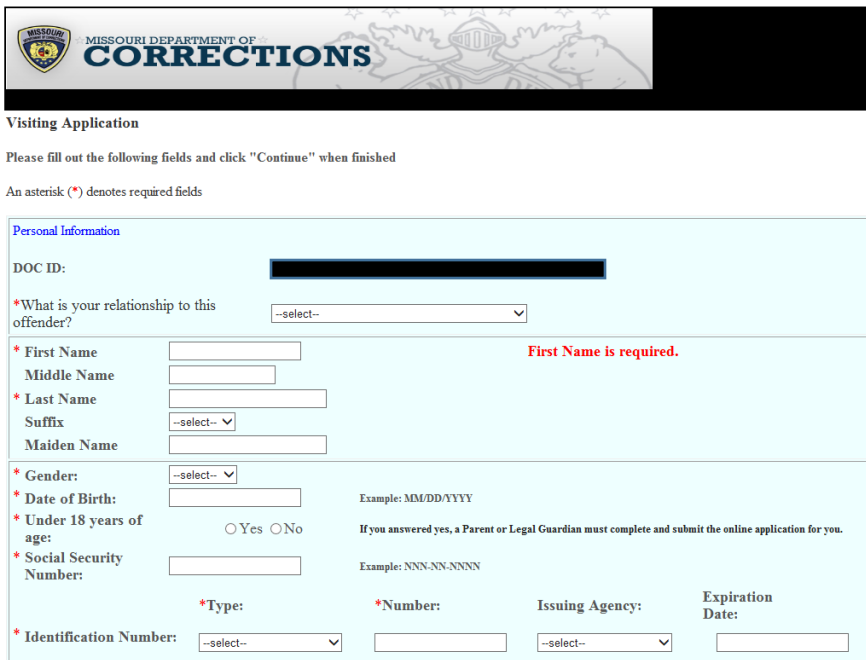
ALL ASTERISKED (\*) QUESTIONS MUST BE ANSWERED IN ORDER TO BE CONSIDERED FOR APPROVAL TO VISIT.

OFFENDER DOC ID YOU ARE APPLYING TO VISIT: \*

Start Application Cancel

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### Step 2: Complete all of the fields marked with an \* are required fields



MISSOURI DEPARTMENT OF CORRECTIONS

Visiting Application

Please fill out the following fields and click "Continue" when finished

An asterisk (\*) denotes required fields

Personal Information

DOC ID:

\*What is your relationship to this offender?

\* First Name  **First Name is required.**

Middle Name

\* Last Name

Suffix

Maiden Name

\* Gender:

\* Date of Birth:  Example: MM/DD/YYYY

\* Under 18 years of age:  Yes  No If you answered yes, a Parent or Legal Guardian must complete and submit the online application for you.

\* Social Security Number:  Example: NNN-NN-NNNN

\* Identification Number:  \*Type:  \*Number:  Issuing Agency:  Expiration Date:

**Please Note: If it is a minor child – under the Identification Number please choose “other – on type” and put “NA – on Number”**

	*Type:	*Number:	Issuing Agency:	Expiration Date:
* Identification Number:	Other	NA	--select--	
Alternate Identification Number:	--select--		--select--	
Alternate Identification Number:	--select--		--select--	

**Step 3:** Complete all of the fields marked with an \* are required fields

Visiting Application

Please fill out the following fields and click "Continue" when finished

An asterisk (\*) denotes required fields

**Personal History**

\* Have you ever pled guilty or been found guilty of a crime?  Yes  No

\* Do you have charges pending?  Yes  No

\* Are you currently under supervision?  Yes  No

\* Have you previously been under supervision?  Yes  No

\* Have you ever been a co-defendant with the offender you are applying to visit?  Yes  No

\* Have you ever been employed with the Department of Corrections?  Yes  No

\* Have you ever worked as a volunteer with the Department of Corrections?  Yes  No

\* Have you ever worked as a student intern with the Department of Corrections?  Yes  No

\* Have you ever worked as a contract employee with the Department of Corrections?  Yes  No

\* Are you now on an offender's visiting list?  Yes  No Name:

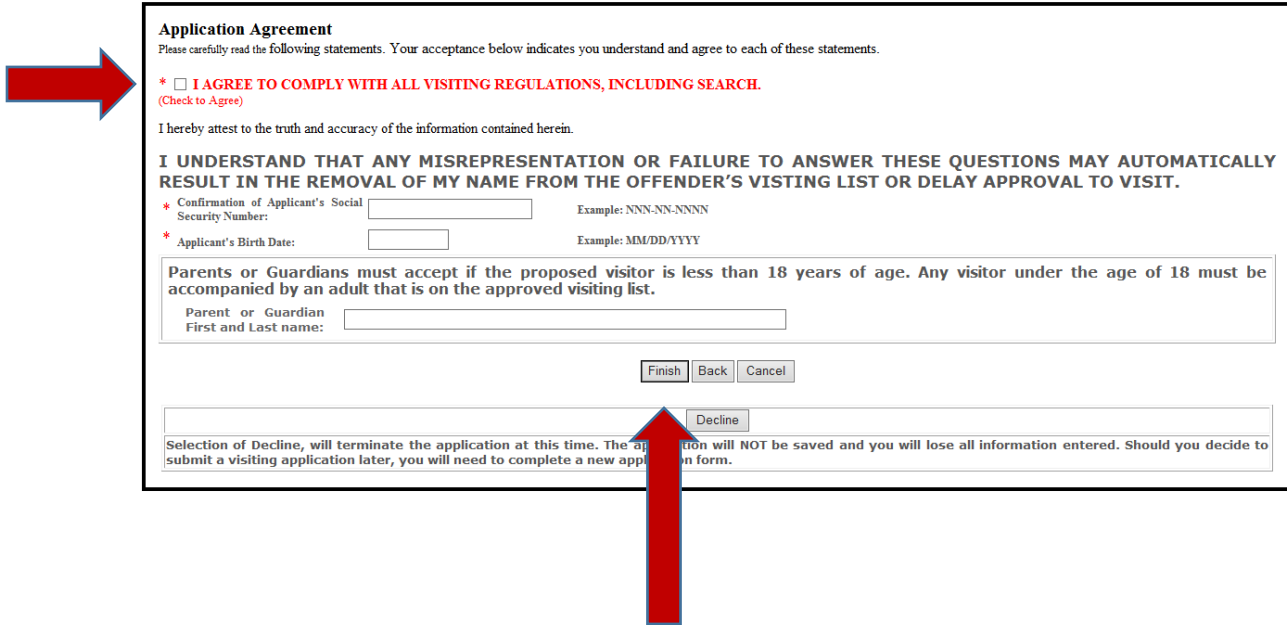
\* Have you ever been on an offender's visiting list? (Not named above)  Yes  No Name:

\* Have you ever been a victim of the offender you are applying to visit?  Yes  No

If you have answered yes to any of the above questions, please provide additional information that has not already been recorded.

Continue Back Cancel

**Step 4:** Complete all of the fields marked with an \* are required fields including agreeing to comply with all visiting regulations including search. Please read the visiting room regulations to ensure you understand all of the rules and regulations.



**Application Agreement**  
Please carefully read the following statements. Your acceptance below indicates you understand and agree to each of these statements.

\*  **I AGREE TO COMPLY WITH ALL VISITING REGULATIONS, INCLUDING SEARCH.**  
(Check to Agree)

I hereby attest to the truth and accuracy of the information contained herein.

**I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER THESE QUESTIONS MAY AUTOMATICALLY RESULT IN THE REMOVAL OF MY NAME FROM THE OFFENDER'S VISITING LIST OR DELAY APPROVAL TO VISIT.**

\* Confirmation of Applicant's Social Security Number:  Example: NNN-NN-NNNN

\* Applicant's Birth Date:  Example: MM/DD/YYYY

Parents or Guardians must accept if the proposed visitor is less than 18 years of age. Any visitor under the age of 18 must be accompanied by an adult that is on the approved visiting list.

Parent or Guardian First and Last name:

Selection of Decline, will terminate the application at this time. The application will NOT be saved and you will lose all information entered. Should you decide to submit a visiting application later, you will need to complete a new application form.

**Step 5:** Once you are completed with the application and click Finish. The application will electronically sent to the institutional case manager who will process it in a timely manner.