Minor Visitor Notarized Statement

To: Facility Unit Head

I _____ attest that I am the ☐ **Parent** or ☐ **Legal Guardian** of the minors listed below:

	Minor's Name	**Age**	**Minor's Relationship To Inmate or Probationer/Parolee**
1			
2			
3			

I understand that if any of the following circumstances exist the associated minor cannot visit; I further attest to the following for each of the minors listed above.

☐ No ☐ Yes There is a Court Order prohibiting visits between the minor(s) and the inmate or CCAP probationer/parolee
☐ No ☐ Yes The parental rights of the inmate or CCAP probationer/parolee for the minor(s) have been terminated
☐ No ☐ Yes The minor(s) are a direct victim of a violent crime committed by the inmate or CCAP probationer/parolee

☐ I and my child/children are currently approved to visit with _____
(Inmate, CCAP Probationer/Parolee Name & DOC Number)

☐ As the parent/legal guardian of the minor(s). In addition to myself, I hereby authorize the following adult(s) to accompany my child/children for visitation with an inmate or CCAP probationer/parolee _____ at
(Inmate, Probationer, Parolee Name & DOC Number)

_____
(Facility Name)

	Name Of Authorized Adult Visitors	**Visitor's Relationship To Minor**
1		
2		
3		

My consent for the above listed adults to accompany my child/children for visitation is given:

☐ For a period of one year from the date of my signature
☐ Until I withdraw such consent in writing (not to exceed one year)

Consent for Search and Supervision:

In giving permission for my child/children to enter the facility, I understand and consent to the following:

- The minor(s) will be searched before entering the facility for visitation in accordance with Operating Procedure 851.1, *Visiting Privileges.* Corrections staff will conduct the search in the presence of the parent, legal guardian, or accompanying adult.
- The minor(s) is the responsibility of the parent, legal guardian, or accompanying adult, the minor must always remain in their care and supervision and must not be left unattended anywhere on DOC property.

I hereby certify that that the information provided is true and correct.

_____ _____
Parent/Legal Guardian Signature Date

FOR NOTARY PUBLIC'S USE ONLY:

State of _____ [ ] City [ ] County of _____ Acknowledged, subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Name

_____ Notary Registration Number_____
Notary Public's Signature

(My commission expires:_____)