



NOTE : [Reference document = CD 770](#)

VISITING APPLICATION AND INFORMATION FORM (INMATE)

PUT AWAY ON FILE:
PERSONAL INFORMATION BANK

▶ **Original** Chair of VRB (Offender VC file)

NOTE: Shaded areas are for office use only

FPS number	Family name (name of inmate you wish to visit)	Given name(s)	Date of Birth (YYYY-MM-DD)	Institution	Region
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Completing operational unit

●IMPORTANT●

PLEASE READ THIS FORM CAREFULLY. Answer all questions and sign in the applicable spaces. You are also required to submit with this application **TWO CURRENT PHOTOGRAPHS** of yourself (full face view, head and shoulders only) minimum size 5 cm x 3.5 cm (2" x 1 1/2"). Send your completed application with photographs to the institution (refer to the CSC site for the appropriate address of the institution)

http://www.csc-scc.gc.ca/text/region/nat_facility_dir_e.shtml

NOTE: Failure to complete the form fully will result in delays in the visitor approval process. Providing false information is sufficient to deny access.

PRIVACY ACT STATEMENT

Personal information about you is collected under the authority of the *Corrections and Conditional Release Act* to review your suitability for visiting privileges at the CSC. This information is collected, with no obligation on your part, and held in the Visits and Correspondence Bank; however, your refusal to comply would result in the denial of visiting privileges. This information cannot be disclosed to other persons without your consent EXCEPT where disclosure would be justified pursuant to one of the paragraphs of subsection 8(2) of the *Privacy Act*.

INFORMATION ON APPLICANT

Your name			Your date of birth		Your place of birth		
Family name	Given names (in full)	Maiden name (if applicable)	YYYY-MM-DD		City/Town	Province/Country	
Your present address			Apt. no.	City	Province	Postal code	
No.	Street						
Your telephone no.		Your physical description			Telephone no. where a CSC representative could contact you if necessary		Motor vehicle licence no.
Home		Height	Weight	Colour of hair	Colour of eyes	At work OR	Other than home phone

I am the inmate's

- | | | | |
|----------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse | <input type="checkbox"/> Common-law spouse |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Son | <input type="checkbox"/> Daughter |

Other (volunteer, friend, cousin, aunt, uncle) (specify type and length of relationship): ▶

Explain if extenuating circumstances:


Name of person and his/her telephone no. where a CSC representative may contact in an emergency	Name	Telephone no.
Are you on another inmate's visiting list? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a volunteer visitor at this or any other institution? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If YES, state inmate's name, your relationship to him/her and which institution he/she is in. ▶	If YES, state the name of the group or program you take part in and the institution's name. ▶	

DISTRIBUTION

▶ Copy 2 Security Intelligent Officer



Give the names and ages of any of your children (age 18 and below) for whom you wish visiting privileges (see also section 3 of Acknowledgement and Consent on page 3).		Have you ever been convicted of a criminal offence for which you have not been granted a pardon, or an offence for which you have been granted a pardon and such a pardon has been revoked?	
Name(s)	Date of Birth YYYY-MM-DD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Are there at present any outstanding charges against you?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate what document you will be using as identification when visiting the institution. Give name of document and the registration or other number appearing on it. 

Date received and by whom YYYY-MM-DD	Date application reviewed YYYY-MM-DD	<input type="checkbox"/> Approved	Comments
		<input type="checkbox"/> Denied	

CORRECTIONS AND CONDITIONAL RELEASE ACT (Excerpts)

45. Every person commits a summary conviction offence who:

- a) is in possession of contraband beyond the visitor control point in a penitentiary;
- b) is in possession of anything referred to in paragraph (b) or (c) of the definition “contraband” in section 2 before the visitor control point at a penitentiary;
- c) delivers contraband to, or receives contraband from, an inmate;
- d) without prior authorization, delivers jewellery to, or receives jewellery from, an inmate; or
- e) trespasses at a penitentiary.

“Contraband” means:

- a) CSC/SCC 653E (R-2006-02) (Word Version) (PDF) XP Page 1 of 3an intoxicant,
- b) a weapon or a component thereof, ammunition for a weapon, and anything that is designed to kill, injure or disable a person or that is altered so as to be capable of killing, injuring or disabling a person, when possessed without prior authorization,
- c) an explosive or a bomb or a component thereof,
- d) currency over any applicable prescribed limit, when possessed without prior authorization, and
- e) any item not described in paragraphs (a) to (d) that could jeopardize the security of a penitentiary or the safety of persons, when that item is possessed without prior authorization.

60. (1) A staff member may conduct a frisk search of a visitor where the staff member suspects on reasonable grounds that the visitor is carrying contraband or carrying other evidence relating to an offence under section 45.

(2) Where a staff member

- (a) suspects, on reasonable grounds that a visitor is carrying contraband or carrying other evidence relating to an offence under section 45, and believes that a strip search is necessary to find the contraband or evidence, and
- (b) satisfies the institutional head that there are reasonable grounds
 - (i) to suspect that the visitor is carrying contraband or carrying other evidence relating to an offence under section 45, and
 - (ii) to believe that a strip search is necessary to find the contraband or evidence, a staff member of the same sex as the visitor may, after giving the visitor the option of voluntarily leaving the penitentiary forthwith, conduct a strip search of the visitor.

(3) Where a staff member believes on reasonable grounds that a visitor is carrying contraband or carrying other evidence relating to an offence under section 45 and that a strip search is necessary to find the contraband or evidence,

- (a) the staff member may detain the visitor in order to
 - (i) obtain the authorization of the institutional head to conduct a strip search, or
 - (ii) obtain the services of the police; and
- (b) where the staff member satisfies the institutional head that there are reasonable grounds to believe
 - (i) that the visitor is carrying contraband or carrying other evidence relating to an offence under section 45, and
 - (ii) that a strip search is necessary to find the contraband or evidence, the institutional head may authorize a staff member of the same sex as the visitor to conduct a strip search of the visitor.

(4) A visitor who is detained pursuant to subsection (3) shall

- (a) be informed promptly of the reasons for the detention; and
- (b) before being searched, be given a reasonable opportunity to retain and instruct counsel without delay and be informed of that right.

CORRECTIONS AND CONDITIONAL RELEASE REGULATIONS (Excerpts)

Searches of Visitors

54. (1) A staff member may conduct a routine non-intrusive search or a routine frisk search of a visitor, without individualized suspicion, where the visitor is entering or leaving the penitentiary.
- (2) If a visitor refuses to undergo a search referred to in subsection (1), the institutional head or a staff member designated by the institutional head may
- (a) prohibit a contact visit with an inmate and authorize a non-contact visit; or
 - (b) require the visitor to leave the penitentiary forthwith.

ACKNOWLEDGMENT AND CONSENT

1. I understand that the Correctional Service of Canada has the sole right to determine my suitability as an inmate's visitor. I further understand that approval of visiting privileges is conditional upon satisfactory results of a criminal record name check and I hereby give my consent to the Correctional Service of Canada to use the information provided on this form to conduct such a check. 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 institutional authorities immediately should there be any changes to that information. I also give my consent that criminal record name checks be conducted every two (2) years as per paragraph 4 of the CD 770, provided that I continue to participate in visits. 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 stated rules, regulations and policies while visiting this institution and understand that the failure to do so may likewise result in suspension of my visiting privileges for an indefinite period.
2. I understand that following the granting of visiting privileges, I could be submitted, before each visit, to a search as per CCRA and CCRR. Furthermore, I understand that if I refuse to be searched, I may be denied access to the institution.
3. I understand that my oral, visual or telecommunications with an inmate may be subject to interception.

YYYY-MM-DD



Signature of applicant

Date

For visitors who wish visiting privileges for their children or wards

4. a) In consideration of my child or ward being granted visiting privileges, I consent to a search of his/her person by a walk-through scanner or hand-held scanning device, and to a search of his/her personal property, in accordance with the procedure outlined in section 60.
- b) I understand that the institution may consider it necessary that my child or ward submit to thorough searches in circumstances and under conditions referred to in section 60, and for this purpose

I hereby consent to such searches being performed.

OR

I wish to be contacted for my consent prior to such searches being performed.

Furthermore, I require do not require that I or another accompanying adult be present when such searches take place.

YYYY-MM-DD



Signature of parent or guardian

Date