

JUNE 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Officer's Name: \_\_\_\_\_

Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Inmate To Be Visited: \_\_\_\_\_ Register No.: \_\_\_\_\_

**NOTICE TO ALL PERSONS: CONSENT TO SEARCH**

Federal Bureau of Prisons (Bureau) staff may search you and your belongings (bags, boxes, vehicles, container in vehicles, jackets, coats, etc.) before you enter, or while you are on or inside, Bureau grounds or facilities.

**Consent to Search Implied.** By entering or attempting to enter Bureau grounds or facilities, you consent to being searched in accordance with Bureau policy and Federal regulations in volume 28 of the Code of Federal Regulations, Part 511. If you refuse to be searched, you may be prohibited from entering Bureau grounds or facilities.

**NOTICE TO ALL PERSONS: PROHIBITED ACTIVITIES AND OBJECTS**

You are prohibited from engaging in prohibited activities or possessing prohibited objects on Bureau grounds, or in Bureau facilities, without the knowledge and consent of the Warden. Violators may be detained or arrested for possible criminal prosecution, either by Bureau staff, or local or federal law enforcement authorities.

**Prohibited Activities** include any activities that could jeopardize the Bureau's ability to ensure the safety, security, and orderly operation of Bureau facilities, and protect the public, including, but not limited to, violations of Titles 18 and 21 of the United States Code, Federal regulations, or Bureau policies.

**Prohibited Objects** include, but are not limited to, weapons; explosives; drugs; intoxicants; currency; cameras of any type; recording equipment; telephones; radios; pagers; electronic devices; and any other objects that violate criminal laws or are prohibited by Federal regulations or Bureau policies.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:** Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

Tobacco Products	Yes _____	No _____	Narcotics	Yes _____	No _____
Explosives	Yes _____	No _____	Marijuana	Yes _____	No _____
Weapons	Yes _____	No _____	Camera	Yes _____	No _____
Ammunition	Yes _____	No _____	Food Items	Yes _____	No _____
Metal Cutting tools	Yes _____	No _____	Alcoholic Beverages	Yes _____	No _____
Recording Equipment	Yes _____	No _____	Prescription Drug*	Yes _____	No _____
Telephones-any type	Yes _____	No _____	Intoxicants	Yes _____	No _____
Radios	Yes _____	No _____	Pagers	Yes _____	No _____
Electronic Devices	Yes _____	No _____	Firearms	Yes _____	No _____

\*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than \$250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1001). I am aware that the visiting area, including restrooms in the visiting area, may be monitored to ensure institution security and good order.

Printed Name/Signature: \_\_\_\_\_

Street Address/City and State: \_\_\_\_\_

Vehicle License No.: \_\_\_\_\_ Year, Color, Make and Model of Vehicle: \_\_\_\_\_

If visiting with an inmate, please complete the following: Names of children under 16 years of age for whom I am responsible:

If not visiting with an inmate, please indicate:

Name of Organization: \_\_\_\_\_ Purpose of Visit: \_\_\_\_\_

Printed Name/Signature of Staff Witness: \_\_\_\_\_

FILE IN SECTION 3 UNLESS APPROPRIATE FOR PRIVACY FOLDER

**SECTION 3**

