

VISITORS' REQUEST AND AUTHORIZATION FORM

PLEASE READ CAREFULLY. Please PRINT or TYPE. The information requested will be used by officials of the Department of Mental Health (DMH) to determine whether your questionnaire will be approved or disapproved. The information provided will be maintained in a file pertaining to the Individual.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security number is optional. However, any omission or falsification on this questionnaire may be cause for denial of visiting. Please mail this form directly to the visiting office of the Hospital where the Individual is housed.

1. NAME OF INDIVIDUAL YOU WANT TO VISIT (LAST FIRST MIDDLE) INDIVIDUAL'S PATTON STATE HOSPITAL NUMBER

2. YOUR NAME *(Print your name exactly as indicated on the photo identification you will be using)* SUFFIX (Jr., Sr., etc.) HOME TELEPHONE NUMBER

3. MAIDEN NAME (If applicable) RELATIONSHIP TO INDIVIDUAL: (Spouse, Son/Daughter, other)

4. DATE OF BIRTH (Mo/Day/Yr) AGE GENDER (Check one) BIRTHPLACE (City County State Country)
 MALE FEMALE

5. ID NUMBER ID TYPE (Check one):
 DRIVER'S LICENSE STATE ID MILITARY ID USINS CARD MCAS PASSPORT

OFFICIAL USE ONLY ISSUED BY (County State Country) 6. SOCIAL SECURITY NUMBER
 EXPIRATION DATE:

7. CURRENT RESIDENCE ADDRESS: STREET ADDRESS Apt. # (If Applicable) CITY STATE ZIP CODE

8. MAILING ADDRESS: (If different from Residence Address) CITY STATE ZIP CODE

9. PREVIOUS ADDRESS WITHIN PAST TWO YEARS: Apt. # (If Applicable) CITY STATE ZIP CODE

10. HAVE YOU EVER VISITED ANOTHER INDIVIDUAL(S) IN A CALIFORNIA STATE HOSPITAL? (Check one) YES NO
 If YES, complete Item 10A. Attach additional sheet(s) if more than two Individuals.

10A. INDIVIDUAL NAME	PATTON STATE HOSP. #	STATE HOSPITAL WHERE YOU VISITED THE INDIVIDUAL	RELATIONSHIP TO INDIVIDUAL
1.			
2.			
3.			

11. HAVE YOU EVER BEEN DETAINED, ARRESTED, OR CONVICTED OF A CRIME? (Check one) YES NO
 If YES, complete Item 11A. List all detentions, arrest and/or convictions. Failure to list all requested information may result in denial of visiting. Attach additional sheet(s) if necessary

11A. OFFENSE	APPROX. DATE	DISPOSITION: (Dismissed, Probation, Jail, Prison)	COUNTY	STATE

12. ARE YOU ON PROBATION? (Check one) YES NO 13. ARE YOU CURRENTLY UNDER ANY TYPE OF COURT IMPOSED PROGRAM? (Check one) YES NO
 If YES, answer 12A. If YES, please explain on additional sheet and attach to this form.

12A. TYPE: (Court, Formal, Informal, etc.) SUPERVISING AGENCY NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER: COUNTY STATE

12B. If you were discharged from an institution or discharged from parole or outpatient status within the last twelve (12) months, you must have prior written approval of the Executive Director before visiting will be permitted. You will also need to provide a copy of your discharge paperwork.

CONTINUED ON BACK PAGE

14. If you are under 18 years of age and are not an emancipated minor or the Individual's legal spouse, you may only visit when accompanied by an approved adult escort and when there is a completed Minor Visitation Request form (PSH 7144) on file. This approval is made through the Wellness & Recovery Team (WRT) of the Individual you are requesting to visit. Contact the Individual's Social Worker for access to the form and WRT approval.
15. **VISITORS WITH DISABILITIES:** If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistive devices, i.e., crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for the visually or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician to this application. Visitors with guide dogs will need to provide the dog's certification paperwork upon visit check-in. Patton State Hospital will make every effort to provide reasonable accommodations for all qualified/eligible visitors with disabilities in keeping with the safety and security of the Hospital and the public. If you have any questions and/or concerns, please contact the Patton State Hospital Watch Commander for the Hospital Police Department/California Department of Corrections and Rehabilitation.
16. The following laws relate to visitation:
SUBJECT TO SEARCH: Visitors entering the hospital Visiting Center or hospital grounds are subject to a search of their person, vehicle and property. Except as described below, visitors may leave the hospital rather than submit to a search of their person, vehicle or property. Refusal to submit to the search will result in denial of visiting for that day.
 Visitors may not elect to leave the hospital rather than submit to a search when institution officials possess a court issued search warrant or cause for a search arises while the visitor is on the hospital grounds and the cause for the search is believed by hospital officials to be a criminal offense.
FIREARMS AND DRUGS ON HOSPITAL GROUNDS /ASSISTING INDIVIDUALS TO ESCAPE: It is a felony for anyone to assist Individuals to escape. Bringing firearms, deadly weapons, explosives, tear gas, drugs, drug paraphernalia, or selling drugs on prison grounds, or giving/selling Individuals firearms, weapons, explosives, liquor, cocaine, or other narcotics or any kind of drugs, including marijuana, is a crime (Sections 2772, 2790, 4534, 4535, 4550, 4573, 4573.5, 4573.6, 4573.8, 4573.9, 4574, 4600, California Penal Code).
NO ITEMS (e.g. money, packages, gifts, property, etc.) WILL BE ACCEPTED OR EXCHANGED BETWEEN VISITORS AND INDIVIDUALS SERVED WHILE IN THE VISITING CENTER: (Section 4570, 4570.1, California Penal Code).
FALSE IDENTIFICATION: Anyone who falsely identifies himself/herself to gain admittance is guilty of a misdemeanor. (Section 4570.5, 4571 California Penal Code).
TRESPASSING: Entry on institution property for unauthorized purposes will be considered trespassing as provided in Section 602(i) of the California Penal Code. Refusal or failure to leave the property when requested to do so by an official will be considered trespassing as provided in Section 602(p) of the California Penal Code.
PERIOD OF EMERGENCY: In the event of an emergency situation that affects a significant portion of the Individual population at the hospital, the visiting program and other program activities may be suspended during the period of emergency (Section 2601(d), California Penal Code).
HOSTAGES: Hostages will not be recognized for bargaining purposes during attempted escapes by Individuals (Section 3304, California Code of Regulations, Title 15, Division 3, Chapter I).
17. If you are APPROVED to visit, the Hospital Police Department will notify you by mail and the Individual you are requesting to visit will also be notified. If you are DISAPPROVED to visit, the Hospital Police Department will notify you by mail. Prior to completion of the approval all visits will be "NO Contact" type visits.

I have read and understand the above information and agree to follow all Federal, State and Patton State Hospital rules and regulations.	VERIFICATION OF MAILING
	I have mailed this Visiting Questionnaire to the visitor applicant.
VISITOR SIGNATURE	DATE
INDIVIDUAL SIGNATURE / PATTON #	DATE
OFFICIAL USE ONLY-TO BE COMPLETED BY PATTON STATE HOSPITAL STAFF	
Criminal History: <input type="checkbox"/> NO <input type="checkbox"/> YES CII/FBI # _____	

- APPROVED (notification will not be made)**
- DISAPPROVED**, for the following reason(s): (If **DISAPPROVED**, the applicant and Individual are to be informed in writing of the disapproval.)
 - Omissions and/or falsifications Section(s): _____ Need copy of Declaration of Discharge
 - Need disposition(s) for:
 - Applicant is under: parole formal probation Civil Addict Outpatient supervision
 - Arrest record received via DOI indicates applicant has an extensive and /or recent history of criminal activity for offenses that are particularly sensitive to the institutional security. May reapply after: (DATE: _____)
 - Other: _____
 - Applicant's privileges to visit will be reconsidered:
 - upon receipt of the above requested information and/or after (DATE: _____)

PRINT NAME	SIGNATURE	PATTON STATE HOSPITAL TITLE	DATE
-------------------	------------------	------------------------------------	-------------

Notification will only be made to those visitors who are receiving an adverse visitor application status (re: Denials and Terminations).

- INDIVIDUAL NOTIFIED ON THIS DATE:** _____ **BY WHOM:** _____
- VISITOR WAS NOTIFIED ON THIS DATE:** _____ **BY WHOM:** _____

Attach a copy of your photo identification and mail this application to the Patton State Hospital, Hospital Police Department, 3102 East Highland Avenue, Patton CA 92369.