

**BACKGROUND CHECK AUTHORIZATION****CHECK ONE:** ☐ M-2 ☐ W-2 ☐ Volunteer ☐ Special Event Visitor ☐ Clergy ☐ Vendor/Contractor ☐ Tour ☐ Other

Last Name

First Name

MI

Social Security Number

Full Name (Please Print): \_\_\_\_\_

DOC Contact's Name: Tammy Mertens-Jones

Maiden /Alias Names: \_\_\_\_\_

Street Address/P.O. Box

City

State

Zip Code

Home Telephone Number

Work Telephone Number

Cell Phone Number (optional)

Date of Birth

Driver License Number #

State Issuing Driver License

I hereby authorize the South Dakota Department of Corrections, or its designated agents and representatives, to obtain and review my criminal background.  
 I certify that the information given by me is true, complete, and correct, to the best of my knowledge and belief and made in good faith.

The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect my personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature of Applicant

Date

Staff Signature

Date

Printed Name

Printed Name

**Non-Custody Background Information**

Reason for Entry: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

**Office Use Only:**Background Check Complete: ☐ Yes ☐ No (Attach Printouts)

NCIC Investigation form and visit list check completed by: \_\_\_\_\_

Has this individual's name ever appeared on an inmate visit list? ☐ yes ☐ no

(If yes, attach visit list details)

Has this individual's name ever appeared on an inmate phone list? ☐ yes ☐ no

(If yes, attach phone list details)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed and Approved: ☐ yes ☐ no

Signature/AW or Major \_\_\_\_\_ Date \_\_\_\_\_

Reviewed and Approved: ☐ yes ☐ no

Signature/Warden \_\_\_\_\_ Date \_\_\_\_\_

Approved: ☐ Yes ☐ No

**SECURITY QUESTIONNAIRE**

Please answer the following questions to the best of your knowledge. If you have any questions or you are unclear about a question, please discuss it in the interview.

1. Have you ever been convicted of a felony or misdemeanor? \_\_\_yes \_\_\_no
2. Have you ever been convicted of any misdemeanor crime related to domestic violence? \_\_\_yes \_\_\_no
3. Have you been charged with a felony or misdemeanor in which a conviction determination is pending? \_\_\_yes \_\_\_no
4. Have you ever been convicted of DUI, DWI, or a related offense? \_\_\_yes \_\_\_no
5. Have you ever engaged in any sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? \_\_\_yes \_\_\_no
6. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? \_\_\_yes \_\_\_no
7. Have you ever been civilly or administratively adjudicated to have engaged in the activities described in the previous question? \_\_\_yes \_\_\_no
8. Do you know anyone incarcerated in a correctional facility? \_\_\_yes \_\_\_no
9. Do you know anyone who has ever been incarcerated in a correctional facility? This includes anyone who is or has been on parole. \_\_\_yes \_\_\_no
10. Have you ever served as a sponsor for an offender? \_\_\_yes \_\_\_no
11. Do you know anyone who works for the South Dakota Department of Corrections (SDDOC), or has ever worked for the SDDOC? \_\_\_yes \_\_\_no
12. Do you use illegal drugs of any type? \_\_\_yes \_\_\_no
13. Have you ever been terminated for cause from any job? \_\_\_yes \_\_\_no
14. Have you ever been in the United States military service? \_\_\_yes \_\_\_no
15. If so, have you ever been discharged from the United States military service under less than honorable conditions? \_\_\_NA \_\_\_yes \_\_\_no

If you answered yes to any of the questions above, list the number of the question and explain:

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I certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief. I understand that misrepresentation, falsification, or omission of facts called for in this questionnaire is cause for cancellation of my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## CONSENT TO SEARCH AUTHORIZATION AND REGISTRATION - VISITORS

**A DOC Facility is:** A place, institution, or building (or part thereof), set of buildings, or area (whether or not enclosing a building or set of buildings) that is used for the lawful custody and/or treatment of individuals. It may be owned and/or operated by public or private agencies and includes the staff and services as well as the buildings and grounds.

**A. Under the provisions of South Dakota law, the following items are declared contraband inside a correctional institution. Guests will not introduce or attempt to introduce these items into this facility or at any location where an offender is likely to be located while such offender is in the custody and under the jurisdiction of a political subdivision of the State of South Dakota or the Department of Corrections, but not on parole.**

1. Any dangerous instrument: A firearm, explosive device, or substance (including ammunition), knife or sharpened instrument, poison, acid, bludgeon, or projective device, metal utensil/drinking straw, or any other device, instrument, material, or substance which is readily capable of causing or inducing fear of death or bodily injury, the use of which is not specifically authorized.
2. Alcoholic beverages.
3. Controlled substances.
4. Key pattern, key replica, or lock pick.
5. Any tool or instrument that could be used to cut fence or wire, dig, pry, or file.
6. Any un-canceled postage stamp or implement of the United States postal service.
7. Any counterfeit or forged identification card.
8. Any combustible material.
9. Any drug, other than a controlled substance, in quantities larger than two (2) doses unless otherwise prescribed.
10. Any mask, wig, disguise, or other means of altering normal physical appearance which could hinder ready identification.
11. Any drug paraphernalia: all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of the laws of this state.
12. Any chain, rope, or ladder.
13. Any cigarettes, tobacco products, chewing tobacco, vape pens/devices, or vape cartridges.
14. Any Bluetooth enabled device and/or portable electronic communication device including but not limited to cell phones, smart glasses, smart watches, public, private, or family style radios, pagers, personal digital assistants, any other device capable of transmitting or intercepting cellular or radio signals, and portable computers; except those devices issued and authorized by the SDDOC.
15. Any article or thing that poses or may pose a threat to the security of the SDDOC facility/office as determined by the warden. This shall include but not be limited to: matches, cigarette lighters, any substances used for brewing or making intoxicating beverages, any counterfeit or forged medium of exchange, or paraphernalia used to produce this medium, any batteries, cameras, film, flashbulbs, flashlights, pets (unless authorized through a facility dog program), plant life, or any article or substance that is not specifically allowed by this facility.

**B. Penalties:**

1. Anyone violating section A is subject to an investigation and may be barred from the facility and is subject to criminal prosecution.

**C. Declaration of Consent and Waiver:**

1. Any person entering a DOC facility without a permanent DOC ID badge will have a background check completed, prior to entry into a facility or onto DOC owned property. When possible, a completed copy of this form, must be received ten (10) days in advance of the anticipated date of access.
2. As a condition of entering the property of South Dakota Department of Corrections, I hereby consent to search of my person and/or any of my personal property, or of the person of any minor children accompanying me. I also acknowledge any vehicle that I may bring on the grounds of this facility

may be searched when reasonable suspicion arises that I have/am violating DOC policy/SD law as it relates to the introduction of contraband. I acknowledge that I have the opportunity to leave the facility immediately if I choose not to give this consent to search.

3. I hereby declare that I have read and understand and will abide by the provisions above. I understand that violation of any of the above provisions, or the entering of any false information on this form may result in my being banned from or denied access to any of the South Dakota Department of Corrections' facilities.

### Section 1: Guest Data

|       |                                                                |
|-------|----------------------------------------------------------------|
| Date: | Purpose of Visit/DOC Person of Contact:<br>Tammy Mertens-Jones |
|-------|----------------------------------------------------------------|

### Section II: Guest Vehicle Data

| License# | State | Make of Car | Model | Year | Color | If you were a passenger, you must identify the car in which you arrived. |
|----------|-------|-------------|-------|------|-------|--------------------------------------------------------------------------|
|          |       |             |       |      |       |                                                                          |

### Section III: Guest Data

|                                    |        |          |        |        |                              |      |
|------------------------------------|--------|----------|--------|--------|------------------------------|------|
| Name (Printed)                     |        |          |        |        |                              |      |
| Last:                              | First: | MI:      | DOB:   | Sex:   |                              |      |
| Address:                           |        | City:    |        | St:    | Zip:                         |      |
| Driver License#:                   |        | State:   | Height | Weight | Hair                         | Eyes |
| Social Security Number: (Optional) |        |          |        |        |                              |      |
| Company Name If Applicable         |        | Address: |        |        |                              |      |
| City:                              |        | ST:      | Zip:   | Phone: | Facility/Office/Destination: |      |

The information I have provided is correct and I have read and understand the Declaration of Consent and Waiver.

|            |       |
|------------|-------|
| Signature: | Date: |
|            |       |



## DOC RELEASE AND WAIVER OF LIABILITY

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks associated with being on DOC property, or participating in DOC activities within the following facilities:

South Dakota State Penitentiary, Jameson Prison, Sioux Falls Minimum Center, Mike Durfee State Prison, Yankton Minimum Center, Rapid City Minimum Center, South Dakota Women's Prison, or Pierre Minimum Center.

I understand that risks associated with such entry and/or participation in DOC activities include, but are not limited to, bodily injury, property loss or damage and death.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from such entry and/or participation in DOC activities.

2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, demands, expenses, judgments, fees and costs of whatever kind or character arising from, by reason of, or in connection with my entry to a DOC facility or participation in DOC activities.

I have carefully read this RELEASE AND INDEMNITY AGREEMENT, or had it read to me in a language I fully understand, and I understand all of the terms. I understand I have given up substantial rights by signing this agreement and that it is the intention of the parties that the State and its officers, agents and employees shall not be liable or in any way responsible for injury, damage, liability, loss, or expense resulting to me due to accidents, mishaps, misconduct, negligence, or injuries. My signature below has been made freely and voluntarily without any inducement, assurance or guarantee being made.

|            |  |                |  |
|------------|--|----------------|--|
| Name:      |  | Date of Birth: |  |
|            |  |                |  |
| Signature: |  |                |  |
|            |  |                |  |
| Address:   |  |                |  |
|            |  |                |  |
| Date:      |  |                |  |