



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF CORRECTIONS
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 COMMISSIONER

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ATTACHMENT # 5

Notarized Permission for Minor Children to Visit a Resident of the New Hampshire Department of Corrections Form

In accordance with the New Hampshire Code of Administrative Rules, COR 305.17 Minor Children Attending Visits:
 (a) Children under 18 shall not be permitted to visit unless accompanied by an adult who shall be a *family member, guardian, or other person designated as the responsible adult.* (b) The parent, guardian or responsible adult of the minor child shall complete and submit the "Permission for Minor Children to Visit a Resident of the New Hampshire Department of Corrections Form" demonstrating in writing the minor has permission to visit a NHDOC facility, (d) The parent, guardian, or responsible adult shall have the form *notarized.*
In accordance with the New Hampshire Code of Administrative Rules, COR 305.19 Visitation Procedures:
 (g) Children under 18 shall be required to present a valid photographic identification card, current or expired, or a valid original birth certificate to visit.

Resident Information

Resident Name: _____ Resident ID #: _____

Parent, Guardian, or Responsible Adult & Minor Information

Name of Parent, Guardian, or Responsible Adult of Minor/s: _____

Full Name of Minor: _____ Minor DOB: _____

Relationship to Minor: (Circle) Parent Guardian Responsible Adult

Full Name of Minor: _____ Minor DOB: _____

Relationship to Minor: (Circle) Parent Guardian Responsible Adult

Full Name of Minor: _____ Minor DOB: _____

Relationship to Minor: (Circle) Parent Guardian Responsible Adult

Full Name of Minor: _____ Minor DOB: _____

Relationship to Minor: (Circle) Parent Guardian Responsible Adult

Individual/s Authorized to Escort Minor/s

I, the Parent, Guardian, or Responsible Adult of the Minor/s hereby authorize the following adult/s to escort the above stated minor into the NHDOC facility where the Resident resides at time of visitation. The following stated adult/s have my permission to accompany the minor/s and be responsible for the minor/s during the approved visit(s) with the above-named Resident. Medical treatment of the minor/s is granted in the case of emergency. I also certify that no court order is preventing contact between any minor/s and the above-named Resident.

Name of Authorized Escort: _____ DOB: _____

Name of Authorized Escort: _____ DOB: _____

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The permission form for the authorized escort/s is valid for (Circle one only)

One day only-Date: _____ Inclusive date (one year max) from _____ to _____

Parent/Legal Guardian/Responsible Adult Initials: _____ One year from date of notary: _____

I understand that if I have provided any false information to officials at the NH Department of Corrections that I may be subject to suspension of visiting privileges and/or legal recourse. I also understand that it is my responsibility to provide the New Hampshire Department of Corrections with an updated consent form, and/or withdrawal of this authorization in writing if any information provided herein is no longer valid.

Full Name (print): _____ Signature: _____

NOTARIZED PERMISSION

Form will not be accepted without a seal

State of _____ County of _____

On this date: _____ before me, (name of Notary Public) _____

Personally appeared (name of Parent, Guardian, or Responsible Adult of minor): _____

On the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity and that by his/her/their signature on the instrument the person/s, or the entity upon behalf of which the person/s acted, executed the instrument.

Witness my hand and official seal (Signature of Notary Public): _____