Reset Form

SPECIAL GUEST MEMORANDUM

State Form 46588 (R2 / 4-18)
DEPARTMENT OF CORRECTION

Name of individual or group leader	Date *(month, day, year)*
Name of group *(if applicable)*	
Name of facility	

Thank you for your interest in being a special guest at this facility either as an individual or representing a group. The signer of this form and State Form 33062, Application for Special Guest, is considered to be acting as the group leader or individual between the organization and the facility. In this capacity you are responsible to advise all organization members, if applicable, who may be participating in the special program to agree to the following:

1. All individuals entering a Department of Correction facility may be subject to a criminal background and warrants check at the discretion of the Warden.

2. Trafficking with offenders is prohibited. Everyone entering the facility has read and agrees to State Form 41465, Statement of Trafficking Laws and Authorization for Search.

3. Everyone must abide by the Prison Rape Elimination Act (PREA) guidelines. Everyone entering the facility has read and agrees to the information in the IDOC-issued PREA brochure and agrees to all PREA standards.

4. Every individual at the time of entry will be required to show acceptable identification. This may include a driver's license or other government-issued identification.

5. Individuals may not enter a Department of Correction facility while under the influence of alcohol or illegal substances. All types of tobacco, tobacco paraphernalia, and any cellular or electronic devices are strictly prohibited. Any medication, physical or medical condition, or equipment must be approved prior to arriving at the facility.

6. All individuals must be at least eighteen (18) years of age unless special approval has been received by the Warden.

7. All individuals entering the facility are subject to search of their person, personal property, and vehicle while on Department of Correction grounds.

8. All individuals entering the facility must be aware of the potential dangers, including possible injuries, being taken hostage, and that they may be held liable for any negligent actions or willful disregard of the Department's or facility's rules or procedures which could result in the loss of property or life or injury to themselves or others.

By signing this form, you agree to the items listed above, and if you are representing a group or organization, you agree to distribute the necessary information to every member and acknowledge that they agree to the items above as well. If any individual does not agree to the items above, they are not permitted into the facility.

Please sign and date this form and complete State Form 33062, Application for Special Guest, and return to the attention of the sender with the name of every individual in your group (if applicable) that will be participating in the special program. If both forms are approved, the name(s) will be submitted to the Warden and a Gate Release will be issued for the individual(s) and any items approved. For security reasons, individuals whose names do not appear on the list will not be permitted into the facility. If any individual on your submitted list is not approved, you will be notified prior to the date of the program.

Signature of individual or group leader	Date *(month, day, year)*