



**Request for Inclusion or Revision to an
Administrative Directive**
Connecticut Department of Correction

CN 1301
REV 11/15/10

Administrative Directive Number: **10.6** Title: **Inmate Visits**

☒ I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):

Current Language:

4. Regular Visits.

- A. Criteria and Authorization. An inmate who anticipates regular visits shall submit the name and address of each potential visitor to the assigned counselor utilizing CN 100602, Visiting List. The counselor or designated visiting staff member shall forward a copy of CN 100601, Visiting Application and Attachment A, Inmate Visiting Rules to the prospective visitor, who shall complete and sign the application and mail it back to the staff member listed on page 2 of the visiting application (CN 100601). Up to two (2) adult visitors from the inmate's immediate or expanded family may be allowed a courtesy visit with the inmate prior to the approval of the application. A courtesy visitor shall be authorized to visit for up to 14 days.

Updated Language:

The counselor or designated visiting staff member shall forward a copy of CN 100601, Visiting Application and Attachment A, Inmate Visiting Rules to the prospective visitor, who shall complete and sign the application and mail it back to the staff member listed on page 2 of the visiting application (CN 100601) or hand deliver it to a CT Correctional Facility.

☐ See attached documents

ORIGINATOR

Name: [REDACTED] Title: [REDACTED] Date: 10/7/14

Signature: [REDACTED] Facility/Unit: [REDACTED]

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved Denied

☒ ☐ Unit Administrator's signature: *Warden K. Wain* Date: 10/10/14

☒ ☐ District Administrator's signature: *Peter O. Murphy* Date: 10/27/14
(only needed if originating from facility)

☒ ☐ Division Administrator's signature: *John Rinaldi* Date: 1/6/15

COMMISSIONER'S DECISION

This request is: ☒ **APPROVED** ☐ **DENIED** Effective date of request: 1/12/15

☒ The language/provisions of this inclusion/revision shall be effective as of: _____
and subsequently added to the Administrative Directive at the next update.

☐ This inclusion/revision shall be added to the Administrative Directive prior to: _____

☐ This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner's signature: *[Signature]* Date: 1/12/15