



# Monroe County Jail and Correctional Facility Application for Clearance to Enter Facilities



\*COPY OF DRIVER'S LICENSE OR PHOTO ID WITH DOB REQUIRED\*

\*You must be at least 18 years old to enter the facilities\*

Todd K. Baxter - Sheriff

Korey K. Brown - UnderSheriff

Ronald W. Harling- Superintendent

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: M  F  Race: White  Black  Hispanic  Asian  Native American  Other

Organization: ALCOHOLICS ANONYMOUS Organization Phone: 585-232-6720

Supervisor's Name: n/a Supervisor's Phone: n/a

Clearance Type you are requesting: Clergy  Group Church Service  Educational Program

Professional Agency  Rehab Program  AA  NA  Other  (describe): \_\_\_\_\_

Have you ever been arrested? Y  N  If yes, please explain: \_\_\_\_\_

Do you have a Criminal Record? Y  N  If yes, please explain: \_\_\_\_\_

Are you on Probation or Parole? Y  N  If yes, please explain: \_\_\_\_\_

Have you ever been on Probation or Parole? Y  N  If yes, please explain: \_\_\_\_\_

Do you need any special accommodations? Y  N  If yes, please explain: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sponsor's Signature: (not for AA)

Date: X

### Office Use Only

Orientation Completed: Y  N  Date: \_\_\_\_\_

eJUSTICE: Y  N  Date: \_\_\_\_\_

MoRIS Completed: Y  N  By: \_\_\_\_\_ Date: \_\_\_\_\_

Clearance: DENIED  Reason: \_\_\_\_\_

APPROVED  Date: \_\_\_\_\_

Type of Clearance: All Access  Program Only  Visits Only  Contractor Vendor ID

Notified of Clearance: email  phone  mail  in person  Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ PIN: \_\_\_\_\_



Please return this form and a copy of the required ID to facility staff sponsoring your program or to the Director of Rehabilitation, Monroe County Jail, 130 S. Plymouth Ave, Rochester, NY 14614

JB-077-18

