



# 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**

**Matthew VanDuzee- Superintendent**

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

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

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

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

Organization: \_\_\_\_\_ Organization Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

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: \_\_\_\_\_

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

### 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

