

MICHIGAN DEPARTMENT OF CORRECTIONS
PROFESSIONAL/VISITOR LEIN REQUEST

CAJ-329
4835-0329
REV. 12/07

Please provide the information requested below. This information will be used to complete a criminal history check in the Michigan Law Enforcement Information Network (LEIN).

Your Driver's License Number, State Identification Card Number or your Social Security Number is needed to complete this LEIN. Also needed are your date-of-birth, race and sex. Subsequent visits with prisoners in MDOC facilities require that this LEIN check be completed and cleared.

A copy of this form will be mailed to the address identified below, only if the LEIN does not clear.

| | | |
|--|-----------------------|----------------|
| Profession <input type="checkbox"/> Clergy <input type="checkbox"/> Other Professional _____ | | |
| _____ | _____ | _____ |
| Last Name (Please Print) | First Name | Middle Name |
| Address _____ | | |
| City _____ | State _____ | Zip Code _____ |
| Date of Birth _____ | Sex _____ | Race _____ |
| Please provide the number of at least one of the following three types of identification: | | |
| Driver's License # _____ | State issued by _____ | |
| State ID # _____ | State issued by _____ | |
| Social Security # _____ | | |

I authorize the Michigan Department of Corrections to conduct a criminal history check, so that I may be approved to visit/meet with persons confined in a Michigan Department of Corrections facility.

Signature

Date

| | |
|---|-------|
| Staff Use Only | |
| Reason for LEIN Check _____ | |
| Staff requesting LEIN Check _____ | |
| LEIN Checked by _____ | |
| LEIN Clear <input type="checkbox"/> Yes <input type="checkbox"/> No, contact Michigan State Police or local police department for more information. | |
| Entered in Visitor Tracking _____ | _____ |
| Initials | Date |

Distribution: Facility LEIN Operator Visitor (only if not LEIN Clear)