

VISITING APPLICATION

Fill Out Completely, Please Print or Type

ALL INFORMATION IS REQUIRED

Action Requested: Privileged Visiting Special Visit/Date _____ 2 Year Renewal
 Basic Visiting Removal/Date _____
 Address Change Name Change

Person Requested (name must match DMV records):

Visitor's Name (printed) Last First Middle

Number and Street or Route and Box Number City State Zip Code

Email address (optional): _____

Age: _____ Birth Date: _____ Sex: F _____ M _____

Drivers License / State ID # _____ State: _____

Visitor Relationship to Inmate: _____ Contact Phone: _____

Does this person have a criminal conviction or imprisonment record? _____

If yes: When, where and for what? _____

Has this visitor ever been a victim or co-defendant of your crime (past or present)? **Victim:** Yes No **Co-Def:** Yes No

Is this person currently on Parole or Probation? _____. If yes, which agency and supervising officer? _____

Is this person a current or former employee, volunteer, or contractor of the Department of Corrections? _____

Is this person now visiting another inmate in this facility? _____ If yes, who? _____

Relationship of prospective visitor to the other inmate: _____

Has this person ever been denied visiting privileges at any correctional facility or jail? _____

If yes, explain _____

If this person is a minor, list the name, address, and phone number of the child's custodial parent or legal guardian:

Under penalty of possible disciplinary action and removal of this person from visiting, I certify that the information given above is true and does not contain misleading statements.

Inmate's Name (printed) Last First Middle Initial

Inmate's Signature SID # Institution Unit Cell # Date

Note to inmate: If visiting privileges are denied, you have a right to request a review of the decision by submitting a written request to the Inmate Services Unit within 30 days of receipt of the notice of denial.

Note to Prospective Visitor: At your option, you may return this form directly to the Inmate Services Unit by email to: DOC.Visitors@doc.state.or.us or fax to (503) 378-3763. You also may mail the form to 2575 Center Street NE, Salem OR 97301. Submission of application does not constitute approval. Inmates have the right to refuse visiting requests made by prospective visitors.

FOR OFFICIAL USE ONLY
APPROVED
Basic
Privileged
Accompanied
Special
DENIED
Removed
Police Check
Parent Check
Address Change
Name Change