



# Visiting Application

### DOC Decision

- Approved
- Denied/Reason

Adult in Custody's (AIC's) Name:

\_\_\_\_\_  
(Last) (First) (M.I.)

SID # \_\_\_\_\_ Institution \_\_\_\_\_

Requested Action:

- Application
- Name Change
- Removal
- 2-Year Renewal

A

Visiting Applicant's Name (please print):

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix/Title)

Street Address: \_\_\_\_\_  
(Street) (Apt #) (City) (State) (ZIP Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ May DOC contact?  Yes  No

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female  
(Mo) (Day) (Yr) (Driver License #) (DL State)

List ALL other names you have used (including aliases, maiden name, and names by previous marriages):

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Your relationship to the AIC: \_\_\_\_\_ (Parent, grandparent, stepparent, spouse, child, sibling, friend, father/  
 mother-in-law, aunt/uncle, stepchild, grandchild, stepbrother/sister, etc.)

Is visitor a former or current ODOC employee, volunteer, or contractor?  Yes  No Work Location: \_\_\_\_\_

Does visitor have a criminal conviction or imprisonment record?  Yes  No  
 If yes, what city and state: \_\_\_\_\_ Date \_\_\_\_\_ SID# \_\_\_\_\_

Is visitor currently on parole/probation?  Yes  No What City & State: \_\_\_\_\_

Is visitor: **A victim?**  Yes  No **A codefendant?**  Yes  No

Is visitor currently visiting another ODOC adult in custody (AIC)?  Yes  No AIC's Name & SID # \_\_\_\_\_

Have you ever been restricted from visiting an ODOC AIC?  Yes  No AIC's Name & SID # \_\_\_\_\_

If yes, date & reason for restriction: \_\_\_\_\_

### TO BE COMPLETED IF VISITOR IS A MINOR

Name, address, and phone number of minor visitor's custodial parent or legal guardian:

\_\_\_\_\_  
Name Address Phone

I SUBMIT THAT ALL THE ABOVE INFORMATION IS TRUE:

  X   \_\_\_\_\_  
Signature of applicant Printed Name of applicant Date

**Note to AIC:** If visiting privileges are denied, you have a right to request administrative review of the decision by submitting a Form [CD 1594](#) to the Inmate Services Unit Manager.

**Note to Prospective Visitor:** You have the option to return this form directly to the Inmate Services Unit by:

Email: [DOC.Visitors@doc.state.or.us](mailto:DOC.Visitors@doc.state.or.us) Fax: (503) 378-3763  
 Mail: **Inmate Services Unit**, 2575 Center Street, N.E., Salem, OR 97301

Submission of application does not constitute approval. Adults in custody have the right to refuse visiting requests made by prospective visitors.