

Administrative Review for Denial of Visiting Application

Fill out completely and attach all documents or your administrative review WILL NOT be processed

This form is being completed by: Inmate Visitor

Inmate full name: _____
SID: _____
Institution: _____

Visitor full name: _____
Address: _____
Relationship to inmate: _____

What are you appealing (circle the one that applies): Basic Visits Denial Removal from visiting list

Have you requested an administrative review on this issue before? No Yes, Date _____
(NOTE: YOU MUST WAIT 1 YEAR TO REAPPLY FOR AN ADMINISTRATIVE REVIEW IF IT WAS PREVIOUSLY DENIED)

Reason for Reconsideration (include what facts have changed to support an exception to the rule):

Inmate programming/treatment completed (attach certificate/letter of completion):

Visitor programming/treatment completed (attach certificate/letter of completion):

Attach copies of all that apply:

- Letter(s) from family
- Letter(s) from parole/probation officer
- Evaluation with assessed risk to minor children and specific issue polygraph
*Required for minor child reconsideration if reason for denial is "certain crimes involving a child" and **MUST** be conducted by a specialized sex offender evaluator and licensed polygrapher approved by the Department.*
- DHS letter of approval
- Certificates of program/treatment completion
- Letter(s) of program/treatment completion
- Any letters that support reconsideration
- Other: _____

_____/_____/_____
Print Name Signature Date

FROM:
INSTITUTION: _____
INMATE NAME: _____
SID #: _____
UNIT BUNK: _____
ADDRESS: _____

TO:
INMATE SERVICES UNIT
2575 CENTER ST NE
SALEM, OREGON 97301