



Visiting Application

DOC Decision

- Approved
- Denied/Reason

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

(Last) (First) (M.I.)

SID # _____ Institution _____

Requested Action:

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

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All information is required. Incomplete applications will be returned. One application per visitor.

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 Non-Binary/Not Specified
(Mo) (Day) (Yr) (Driver License State and #)

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

(Last) _____ (First) _____ (M.I.) _____

(Last) _____ (First) _____ (M.I.) _____

List ALL other States you have lived in: _____

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 contractor? ODOC 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

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

Is there an open DHS case? Yes No Caseworker Name: _____ County: _____

I SUBMIT THAT ALL THE ABOVE INFORMATION IS TRUE:

X _____
Signature of applicant Printed Name of applicant Date

Note to AIC: An AIC or prospective visitor may request an administrative review of the decision to deny a visiting application by completing an Administrative Review form (CD 1594) and submitting it to the Visiting Services Unit. The administrative review request must be received by the Visiting Services Unit within 60 days of the date of the visiting application denial letter.

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

Email: DOC.Visitors@doc.oregon.gov Fax: (503) 373-1173

Mail: Visiting Services Unit, 3723 Fairview Industrial Dr SE, STE 200, Salem, OR 97302

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

For questions on completing the application, please contact 503-378-2883

The following videos are a product of the DOC Comprehensive Drug Taskforce that the Inspector General convened in 2018 to update DOC's policies around drugs. Accidental overdose continues to be a safety issue for our AICs, and that safety issue has been more apparent than ever since the national opioid crisis.

[The Adult in Custody](#)

[The Visitor](#)

[The Law](#)

[What Should you Do](#)