



# 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



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 Task force worked with the University of Oregon through a federal grant to create these videos. As you can see from the content, the focus is for DOC to partner with visitors and volunteers to create a safe, rehabilitative environment for everyone in our institutions. We hope that this helps visitors and volunteers to take action to keep our institutions safe.

- [The Adult in Custody](#)    [The Visitor](#)    [The Law](#)    [What Should you Do](#)

**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 Program Services Manager.

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

Email: [DOC.Visitors@doc.oregon.gov](mailto:DOC.Visitors@doc.oregon.gov) Phone: (503) 378-2883 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.