



# HARNEY COUNTY JAIL

## Visitation Application

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Oregon SID #: \_\_\_\_\_ Facility: \_\_\_\_\_

### Visiting Applicant's name (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ May HCSO Contact? Yes No

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Your relationship to the AIC: \_\_\_\_\_

### Applicant Background Information

Is visitor a former or currently employed with a Law Enforcement or Corrections Agency?

Work Location: \_\_\_\_\_

Does visitor have a criminal conviction or imprisonment record? Yes No

If yes, what city and state: \_\_\_\_\_ Date: \_\_\_\_\_ SID# \_\_\_\_\_

Is the visitor on probation or parole? Yes No What City & State: \_\_\_\_\_

Is Visitor: A victim? Yes No A Codefendant? Yes No Case#: \_\_\_\_\_

Is visitor currently visiting another adult in custody (AIC)? Yes No

AIC's Name & Sid#: \_\_\_\_\_

Have you ever been restricted from visiting a AIC? Yes No

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

### To be completed if visitor is a MINOR

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### I SUBMIT THAT ALL THE ABOVE INFORMATION IS TRUE:

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICIAL USE ONLY

ASSIGNED:	Approved	Reason for denial:
	Denied	