



HARNEY COUNTY JAIL

Visitation Application

Adult in Custody's (AIC) Name:

Last Name: _____ First Name: _____ Middle Name: _____

Oregon SID #: _____ Facility: **Harney County Jail**

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: **Select**

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