



# 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:  Adult In Custody (AIC)  Visitor

AIC full name: \_\_\_\_\_  
SID: \_\_\_\_\_  
Institution: \_\_\_\_\_

Visitor full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to AIC: \_\_\_\_\_

Reason for Denial or Removal: \_\_\_\_\_

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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AIC 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
- 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: \_\_\_\_\_

AIC NAME: \_\_\_\_\_

SID #: \_\_\_\_\_

UNIT BUNK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**TO:**

Visitor Services

ODOC – HQ

3723 Fairview Industrial Drive SE Suite 200

Salem, OR 97302