



Mailed to or dropped off at:  
Attn: Visitor Applications  
Lincoln County Jail  
251 W. Olive St.  
Newport, Or. 97365  
or faxed to  
(541)265-4926

## Lincoln County Jail Inmate Visitor Application

Name of **inmate** to be visited: \_\_\_\_\_

**Visitor's**

Last Name: \_\_\_\_\_ Full First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Suffix: \_\_\_\_\_ (i.e. Jr., Sr., etc)

Other Names (AKA): \_\_\_\_\_  
(maiden name or other married names, or other names used)

DOB: \_\_\_\_\_ Relationship to inmate: \_\_\_\_\_

Driver License or Identification Card: # \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a crime? **Y N**  
If yes, what city, state, and or county? \_\_\_\_\_

Are you currently on parole/probation including bench parole/probation? **Y N**  
If yes, what city, state, and or county? \_\_\_\_\_

Do you have any pending criminal court matters? **Y N**  
If yes, what city, state, and or county? \_\_\_\_\_

If you wish to bring children (under the age of 18), please provide their names and dates of birth (all children must be accompanied by a parent or legal guardian): Two children under 18 may accompany an adult visitor. Two adults or one adult and two children may visit at the same time

Child #1 Name/DOB \_\_\_\_\_

Child #2 Name/DOB \_\_\_\_\_

Child #3 Name/DOB \_\_\_\_\_

Child #4 Name/DOB \_\_\_\_\_

Child #5 Name/DOB \_\_\_\_\_

**Complete both sides of the document (see page 2)**



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I affirm the above information is accurate and understand that inaccurate or incomplete information will be grounds for denial of this application.

Visitor signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Staff Use Only

APPROVED by Jail:     Y     N

#### REASONS FOR DENIAL:

- A. On parole or probation \_\_\_\_\_
- B. No contact order exists \_\_\_\_\_
- C. Criminal history (may include):
  - 1. Pending criminal matters \_\_\_\_\_
  - 2. Booked in correctional facility within last 90 days \_\_\_\_\_
  - 3. Been arrested for Supplying Contraband or Escape 1 or 2     Y     N
  - 4. Unable to identify applicant \_\_\_\_\_

Approving employee: \_\_\_\_\_

Date: \_\_\_\_\_