

# VISITOR CONTROL FORM

PLEASE PRINT

INMATES NAME: \_\_\_\_\_

VISITORS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

FIRST                      MIDDLE                      LAST

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP TO INMATE: \_\_\_\_\_

### PLEASE READ

1. ALL PERSONS AND THEIR PROPERTY ARE SUBJECT TO A SEARCH BEFORE VISITING AN INMATE, OR ENTERING THE GRANT COUNTY CORRECTIONAL FACILITY. THERE WILL BE A MINIMUM OF 2 DEPUTIES ON DURING VISITATION.
  
2. PLEASE LEAVE ANY HANDBAGS, PURSES OR CARRY ITEMS LOCKED IN YOUR VEHICLE. THE GRANT COUNTY SHERIFF'S DEPARTMENT, THE CORRECTIONAL FACILITY, AND/OR EMPLOYEES THEREOF ACCEPT NO RESPONSIBILITY FOR ANY ITEMS LOST OR STOLEN WHILE VISITING THE CORRECTIONAL FACILITY.
  
3. **BRINGING UNAUTHORIZED ITEMS INTO THE GRANT COUNTY CORRECTIONAL FACILITY IS A CRIME. PERSON(S) WHO BRING UNAUTHORIZED ITEMS INTO THE FACILITY WILL BE CHARGED WITH SUPPLYING CONTRABAND UNDER ORS 162.185. THIS IS A CLASS C FELONY PUNISHABLE UP TO FIVE YEARS IN PRISON AND A \$100,000.00 FINE.**

I HAVE READ AND UNDERSTAND THE ABOVE:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Staff Only Below:

RECEIVED BY: \_\_\_\_\_ ID TYPE: \_\_\_\_\_

NCIC CHECK BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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