



JACKSON COUNTY Sheriff

When complete, return to Jail front counter
Or fax to 541-776-7060, Attn: Admin Assistant

Jackson County Jail Request for Special Admission

Applicant Information

Date: _____ Date of Birth: _____

Applicant Name: _____
Last First M.I.

Other names used: _____

Applicant Address: _____
 Phone: _____ E-Mail: _____

Employer: _____

Employer Address: _____
 Phone: _____ Supervisor: _____

Facility You will be Visiting: _____

Purpose of Visit: _____

Will You be Visiting a Specific Prisoner: Y / N Prisoner Name: _____

Anticipated Length and Frequency of Visits: _____

The following information is provided for your guidance during the period of time that you will be in the Jail Facility. Please read the information carefully.

1. You are subject to a search of your person and belongings upon entry. Refusal will result in revocation of clearance.
2. You are expected to present a professional appearance during visits.
3. You are asked not to communicate or otherwise correspond with any prisoner, other than those you may be here to see, in carrying out your duties and or functions.
4. Please do not bring anything into the Jail for any prisoner and do not attempt to take anything out of the Jail for a prisoner without having first received approval of the Jail Commander or Sheriff.
5. Any weapons, alcoholic beverages, drugs or narcotics are forbidden within the Jail.
6. You are asked to go directly to and from your concerned area of the facility.
7. If confused or lost, please seek immediate assistance from a uniformed deputy. Do not move about the facility any more than necessary.
8. If directed to leave the area or facility by sworn staff, you will comply without question.
9. JCSO has a zero tolerance policy regarding sexual abuse and sexual harassment. Incidents are to be reported to the on-duty supervisor.
10. Employer MUST notify Jail when approved visitor is separated from employment.

ACKNOWLEDGMENT:

I acknowledge that I have read the above instructions and will fully comply with them.

Applicant Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Approval for Admission

Application **APPROVED** or **DENIED** Jail Access Level **1 2 3 4 5** ID Card: **Yes/ No**

PROJECT DATE(S) ONLY or **LONG TERM (UP TO 2 YEARS)**

Comments: _____

Department Manager Signature _____

Date _____