

**Minnesota Department of Corrections**

**Telephone Use Suspension Form**

**Minnesota Correctional Facility - \_\_\_\_\_**

Incarcerated Person: \_\_\_\_\_ OID# \_\_\_\_\_

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

RATIONALE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you have any further questions or would like to appeal this decision, submit your response in writing along with a copy of this notice within 15 days of this written notification to the AWO at the facility.*

Distribution to be completed by issuing staff:

- Incarcerated Person
- Case Manager
- Unit Lieutenant
- Phone Suspension Coordinator
- Base File
- Office of Special Investigations

\_\_\_\_\_

*If phone privileges are suspended for more than 45 days, review and approval required by AWO.*

Approved/Denied: \_\_\_\_\_ / \_\_\_\_\_  
Associate Warden of Operations/Designee Date

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

Continued/Reinstated: \_\_\_\_\_  
Associate Warden of Operations/Designee

Distribution to be completed by AWO:

- Warden/Designee
- Associate Warden of Operations
- Incarcerated Person
- Case Manager

Unit Lieutenant  
Phone Suspension Coordinator  
Base File  
Office of Special Investigations