DEPARTMENT OF CORRECTIONS

INCARCERATED PERSON/ RESIDENT LOSS OF PRIVILEGES NOTICE

IP Name: OID: Date of Infraction:

You are hereby notified that as of this date you are **SUSPENDED** from visiting for the period of . **Starting date:** **Ending date:**

This action is being taken for the following reason(s):

It is your responsibility to notify your visitors of your placement on No Visiting (NV) Status.

If your restriction is one year in duration or longer, you may annually request a review by the Facility Visiting Restriction Review Committee using the Visiting Restriction Review Request for Incarcerated People/Residents form (302.101F).

To appeal this decision, submit your response in writing, within 15 working days of receiving this notification, to the Visiting Captain. The captain's decision is final.

Signature: _____ Date: _____
Visiting Lieutenant/Designee

Printed Name of Visiting Lieutenant/Designee