DEPARTMENT OF CORRECTIONS

# NON-CONTACT VISITING NOTICE

Date

Incarcerated Person
or Resident: OID: Living Unit:

**You have been placed on Non-Contact Visiting Status due to:**

- ☐ Rule violation 3: smuggling of contraband
- ☐ Rule violation 4: verbal or written abuse or threats
- ☐ Rule violation 5: inappropriate physical contact

You are being placed on Non-Contact Visiting Status for the above violation for _____ months, effective _____ through _____.

**It is your responsibility to notify your visitors of your placement on Non-Contact Visiting Status.**

**If your restriction is one year in duration or longer, you may request it be reviewed annually by submitting the Visiting Restriction Review Request for Incarcerated People/Residents form (302.101F) to the Facility Visiting Restriction Review Committee.**

**You may appeal this action by submitting a written request to the visiting Captain within 15 working days of receipt of this notice. The captain's decision is final.**

Signature: _____ Date: _____
Visiting Lieutenant/Designee

Printed Name of Visiting Lieutenant/Designee