DEPARTMENT OF CORRECTIONS

INCARCERATED PERSON/ RESIDENT VISITING RESTRICTION REVIEW REQUEST

NAME: _____ OID: _____

Please explain why you believe your visiting restriction should be lifted (ex: completed treatment, have been discipline free for an extended period of time):

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Please explain why restoring your visiting privileges would be beneficial to you (ex: connection with child, parent, family):

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Please return this form to the Visiting Lieutenant. The Visiting Lieutenant/designee will add your request to one of their upcoming Facility Visiting Restriction Review Committee meetings. The committee may or may not restore your visiting privileges.

If the committee does not restore your visiting privileges, you will be able to appeal to the warden within 15 working days of receiving written notice. The warden will send you a written response, which is final. If your visiting privileges are not restored, you may request another review in one year.