MINNESOTA DEPARTMENT OF CORRECTIONS
INCARCERATED PERSON/RESIDENT – VISITING RESTRICTION REVIEW DECISION

Incarcerated Person/Resident: _____ OID: _____

Currently the incarcerated person has the following visiting restriction:

After thorough review, the following decision was made by the Facility Visiting Restriction Review Committee regarding your visiting status:

☐ Remain the same

☐ Change to:

☐ Be removed

The rationale for the Committee's decision:

If the restriction was not fully lifted, the Committee would like to see the following in order to lift the restriction in the future before completion of the restriction period:

You may request a review of your visiting restrictions annually using the Visiting Restriction Review Request form (302.101F).

You can appeal this decision to the warden within 15 days of receiving written notice. The warden's decision is final.

_____ _____

Signature Visiting Lieutenant/Designee Date

Printed Name of Visiting Lieutenant/Designee