DEPARTMENT OF CORRECTIONS

VISITOR SUSPENSION NOTICE

Visitor Name: Date of Infraction:

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

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

If your restriction is one year in duration or longer, you may be reviewed by the facility Warden at your request using the Visitor - Visiting Restrictions Review Request form (302.101J).

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

Signature: _____ Date: _____
Visiting Lieutenant/Designee

Printed Name of Visiting Lieutenant/Designee