DEPARTMENT OF CORRECTIONS

MINOR CONTACT RESTRICTION REQUEST

Date: xx/xx/xxxx
To: Risk Assessment/Community Notification
RE: [name and OID of Incarcerated Person/Resident]
Cc: [name of caseworker]
From: [staff name]

Please select the justification for your minor contact restriction request (check all that apply):

☐ Discovery of inappropriate material (for example, written fictional work related to child sexual abuse material)

☐ Evidence or indicators of grooming behavior

☐ Correspondence involving minors that is sexually explicit, suggestive, or abusive in nature

☐ Use of threats, intimidation, coercion, or manipulation in communication with minors

☐ Documented history of patterned maltreatment, exploitation, or boundary violations involving minors

☐ Disclosure or identification of sexual preoccupation with minors

☐ History of severe child abuse and/or neglect

☐ Concerns raised by a parent or legal guardian of a minor

☐ Other: please explain below

Please further describe the circumstance and identify supporting documentation:

_____
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This request will put a temporary minor contact restriction on the identified incarcerated person/resident. The Risk Assessment/Community Notification unit will review this request and pass it along to the Minor Contact Restriction Committee if necessary. You may be contacted if further information is needed.