DEPARTMENT OF CORRECTIONS

MINOR CONTACT RESTRICTION

Date: xx/xx/xxxx

To: [Incarcerated Person/Resident name & OID]

cc: [Caseworker, VAU, OSI]

From: [Name & Title]

After reviewing your file, the Risk Assessment/Community Notification unit has decided that implementing a minor contact restriction is appropriate.

This restriction applies to: ☐ Specific minors ☐ All minors ☐ Specific subset of minors

Please list specific minors or any exceptions:

This restriction will apply to the following forms of communication: [please check all that apply]

☐ In-person visiting ☐ Video visits ☐ Phone calls ☐ Mail/correspondence

☐ E-Mail/O-Mail ☐ Other _____

Explanation of restriction:

You may appeal this decision to the Minor Contact Restriction Committee by filling out the Minor Contact Restriction Appeal form, 302.110D. The Minor Contact Restriction Committee will respond to this appeal in writing. Their decision is final.

Minor restrictions will be reviewed again by the Minor Contact Restriction Committee after five years. You may request an earlier review if there is a material change in your underlying offense/conviction or there are other relevant circumstances (for example, you are progressing well in sex offense treatment). Ask your caseworker for the form to fill out.