DEPARTMENT OF CORRECTIONS

INCARCERATED PERSON/RESIDENT MINOR CONTACT RESTRICTION REVIEW REQUEST

NAME: _____ OID: _____

Please explain why you believe your minor contact 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 minor contact privileges would be beneficial to you:

_____
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Please describe how restoring your minor contact privileges would impact your victim(s):

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Please return this form to your caseworker. Your caseworker will forward this request to the Minor Contact Restriction Committee who will schedule an upcoming review. The committee may or may not restore your minor contact privileges. If the committee does not restore your minor contact privileges, you may file for an appeal with the commissioner within 30 calendar days of receiving written notice.

The commissioner will respond to your appeal in writing. The commissioner's decision is final. If your minor contact restriction is not restored, another review will be completed in two years.

Distribution: Caseworker; Minor Contact Restriction Committee; ODocS