DEPARTMENT OF CORRECTIONS

MINOR CONTACT RESTRICTION REVIEW DECISION

Name_____ OID# _____

This review is: ☐ Initial 5-year review ☐ Subsequent 2-year review

☐ Earlier review at the request of the incarcerated person//resident due to material change in circumstances

Currently, you have the following minor contact restriction:

After thorough review, the following decision was made by the Minor Contact Restriction Committee (MCRC) regarding your minor contact status:

☐ Remain the same

☐ Change to:

☐ All restrictions removed

The rationale for this decision is as follows:

Your minor contact restriction will be automatically reviewed in two years by the Minor Contact Restriction Committee and, if maintained in any way, will be subsequently reviewed every two years after that.

You may request earlier review using the Minor Contact Restriction Review Request (302.101D) only if there has been a material change in your underlying offense or other relevant circumstances (for example, you have completed sex offense treatment or you are making progress towards treatment goals).

You can appeal this decision to the commissioner within 30 calendar days of receiving written notice. The commissioner will respond to this appeal in writing. The commissioner's decision is final.

_____ _____

Signature of MCRC representative Date

(Printed Name of MCRC representative)

Distribution: Incarcerated Person; Caseworker; VAU; OSI; ODocS