Minnesota Department of Corrections

Telephone Use Suspension Form

Minnesota Correctional Facility - _____

Incarcerated Person: _____ OID# _____

Beginning Date: _____ End Date: _____

RATIONALE: _____

_____

_____

_____

If you have any further questions or would like to appeal this decision, submit your response in writing along with a copy of this notice within 15 days of this written notification to the AWO at the facility.

Distribution to be completed by issuing staff:
Incarcerated Person
Case Manager
Unit Lieutenant
Phone Suspension Coordinator
Base File
Office of Special Investigations

If phone privileges are suspended for more than 45 days, review and approval required by AWO.

Approved/Denied: _____/_____
Associate Warden of Operations/Designee Date

Date Review: _____

Continued/Reinstated: _____
Associate Warden of Operations/Designee

Distribution to be completed by AWO:
Warden/Designee
Associate Warden of Operations
Incarcerated Person
Case Manager

Unit Lieutenant
Phone Suspension Coordinator
Base File
Office of Special Investigations