DEPARTMENT OF CORRECTIONS

VISITOR VISITING RESTRICTION REVIEW REQUEST

VISITOR NAME: _____ DATE: _____

IP/RESIDENT NAME: _____ OID: _____

Please explain why you believe your visiting suspension should be lifted (ex: your commitment to positive behavior and any diminished safety concerns; the impact of continued restriction on the incarcerated person's/resident's rehabilitation):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please submit this form to the Warden of the facility you are trying to visit. The Warden will review the information you provided along with any other relevant information and determine whether to restore your visiting privileges. The Warden will send you a written response.

If the Warden does not restore your visiting privileges, you will be able to appeal to the Commissioner of Corrections within 15 working days of receiving written notice. The Commissioner will send you a written response, which is final. If your visiting privileges are not restored, you may request another review in one year.