



Request for DOC No Contact Directive

(This is separate from an order issued by a court)

Individuals who are receiving unwanted contact or who wish to prevent future contact from someone incarcerated at a Minnesota Correctional Facility (or from a juvenile resident of the Red Wing facility) may submit a request for a no-contact directive. This directive prohibits both direct and indirect communication from the incarcerated person/resident.

Requests may also be submitted on behalf of minor dependent children. However, the courts have consistently affirmed that incarceration does not eliminate a parent's legal right to maintain a relationship with their child. When the subject of the request is the child's parent, the Minnesota Department of Corrections (DOC) will conduct an additional review to evaluate potential safety concerns before making a determination. The Victim Services Unit will notify you of the outcome once a decision has been made.

By submitting a request, you acknowledge that:

- A no-contact directive remains in effect for a minimum of six months;
- It is separate from any court-issued protective order;
- The incarcerated person will be notified of the directive; and
- You are also responsible for refraining from any direct or indirect communication with the incarcerated person/resident.

Requests can be submitted by U.S. Mail, fax, or e-mail, and the DOC will acknowledge receipt of your request within 10 business days.

If you are concerned about putting details of abuse or harassment in writing, please contact Victim Services and Restorative Justice (VSRJ) at 651-361-7250 or 1-800-657-3830 for confidential assistance.

Date: _____

Contact information:

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address(es): _____

Phone Number(s):

Are you requesting a No-Contact Directive on behalf of a minor? Yes No

Is the minor the dependent child of the incarcerated person? Yes No

Please fill out parent/guardian information:

First Name: _____ Last Name: _____

E-mail Address(es):

Phone Number(s):

If unwanted contact has occurred, please describe:

Incarcerated Person's Information (provide as much information as is known)

First Name: _____ Last Name: _____

OID: _____ Date of Birth: _____

Submit this form to:

Minnesota Department of Corrections Victim Services & Restorative Justice Unit
1450 Energy Park Drive, Suite 200
Saint Paul, MN 55108

Fax: 651-642-0457; Email: victimassistance.doc@state.mn.us

To speak to Victim Services & Restorative Justice Unit Staff please call: 651-361-7250 or 1-800-657-3830.