DEPARTMENT OF CORRECTIONS

REQUEST FOR NO CONTACT DIRECTIVE

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

Individuals who do not want to receive contact or receiving unwanted contact from an incarcerated person in a Minnesota correctional facility may submit a request for a no contact directive. A no contact directive includes written and verbal messages. By submitting a request, you are acknowledging that you understand the directive cannot be changed for six months and is separate from an order issued by the court. Once your request has been received, the person will be served with the directive. Requests may be submitted by mail, fax, or email. The Minnesota Department of Corrections will acknowledge receipt of your request within 10 business days.

Date			
Contact Information			
First Name	Last Nar	Last Name	
Street Address			
City	State	Zip Code	<u> </u>
Email Address(es)		Phone Number(s)	
Is the person requesting the I	No Contact Directive on behalf of a	minor? Yes No	
If unwanted contact has occu	•		
In accordance of Dancon Information	tion (Duovido oo much information	aa ia ka awa)	
	tion (Provide as much information		
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: 612-473-5007 Email: victimassistance.doc@state.mn.us