



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 Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address(es) _____ Phone Number(s) _____

Is the person requesting the No Contact Directive on behalf of a minor? Yes No

If unwanted contact has occurred, please describe:

Incarcerated Person 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: 612-473-5007 Email: victimassistance.doc@state.mn.us