



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 offender incarcerated 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 offender 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) _____

If unwanted contacted has occurred, please describe:

Offender Information (Provide as much information as is known)

First Name _____ Last Name _____

OID _____ Date of Birth _____

Submit this form to:

Minnesota Department of Correction Victim Assistance Program
1450 Energy Park Drive, Suite 200
Saint Paul, MN 55108

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

To speak to Victim Assistance Program Staff please call: 651-361-7250 or 1-800-657-3830.