## **NC Department of Public Safety** Victim Services for Prisons, Probation and Parole Unit

NO CONTACT REQUEST

This request is through the Division of Adult Correction policy and is only applicable while the offender is in a Division of Adult Correction prison facility. This request does not take the place of any other criminal or civil court order.

Please print all information.

	Inmate Information
Inmate Name:	DOC #:
	Victim Requesting No Contact
Name:	
	::
Town or City: _	State: Zip Code:
Home Phone:	Cell Phone:Work Phone:
Relationship to	the victim:
	I am the direct victim
	I am the victim's (please write, for example, victim's sister)
	I wish to stop contact from this offender by:
	in writing (letter, email, text, online messaging)
	phone
	third party
	I wish to have my phone number(s) blocked and understand that by doing so would prohibit any inmate from calling me.
Who contacte	d you?
☐ The offende	er
☐ The offende	er had someone else contact me (Provide the name of the person who contacted you)
How were you	ı contacted?
☐ By Phone (	Provide the phone number called and the approximate date and time)
☐ In writing (	Provide a copy of the letter and envelope, email, text, or online message, etc.; and identify to whom the addresses or ong)
Other (Desc	ribe and attach additional sheets as needed and attach any documentation you may have)
	er been court ordered not to contact you?YesNo ent civil protective order (50B/50C) prohibiting this offender from:
is there a curre	contacting you?Yes (attach a copy)No
	contacting you?res (attach a copy)No contacting your minor child(ren)?Yes (attach a copy)No
	contacting your minor child(ren)?res (attach a copy)No
***Signature:	Date:
Return this co	ompleted and signed form to: NC Department of Public Safety Victim Services for Prisons, Probation and Parole Unit 4223 Mail Service Center Raleigh, NC 27699-4223

1-866-719-0108 (toll-free) • (919) 715-1256 (Fax)

OVS-03 Revised 6-2017