



NC Department of Adult Correction Victim Support Services

Victim No Contact with Inmate Request Form

You may request that a DAC inmate not contact you. This request is allowed for by Department of Adult Correction policy. It applies while the offender is in a DAC state correctional facility. This request does not apply to inmates in a NC county jail. This request does not take the place of any other court order to which the offender may be subject. In addition to this *No Contact with Inmate Request*, DAC's Victim Support Services recommends that you discuss other criminal and civil options with your local victim services provider. They can assist you with information about how to obtain other protective orders. Your local victim services providers such as a domestic violence shelter or rape crisis center can be found at www.nc-van.org.

Person making the request

First: _____ Middle Initial: _____ Last: _____ Suffix: _____
Mailing Address: _____ Home Phone (_____) _____
City: _____ State: _____ Zip Code: _____ Work Phone (_____) _____
County: _____ Email: _____ Cell Phone (_____) _____

Your relationship to the victim

Please check the appropriate box to indicate how you are related to the victim in this case.

I am: a direct victim of this crime the victim's family member (describe) Cases include false imprisonment and communicating threats/assault minor under the age of 12 (charges are not listed in OT20) _____
 an interested party (describe) _____

If you are requesting that a minor not be contacted, please provide the minor's name(s): _____

Your relationship to the minor _____ Do you have custody of the minor? Yes No

Offender information

First: _____ Middle Initial: _____ Last: _____ Suffix: _____ Offender's NCDAC ID #: _____

The offender will be prohibited from contacting you by writing, phone and by 3rd party contact.

Please note that requesting DAC to block your phone number from the inmate will block calls from all DAC inmates.

If you are reporting unwanted contact from the offender, provide documentation about the contact:

Who contacted you?

The offender
 The offender had someone else contact me (Provide the name of the person who contacted you) _____

How were you contacted?

In writing (Provide a copy of the letter and envelope, email, text, or online message, etc. & identify to whom the addresses or screennames belong)
 Other (Describe) _____
 Describe the contact, including anything you believed was threatening (attach additional sheets if necessary) _____

Has the offender been ordered by the court at sentencing not to contact you? Yes No

Is there a current protective order (50B/50C) prohibiting this offender from contacting you? Yes No _____ (attach a copy).

Signature: _____ Date: _____

Send this form:

By Mail NC Dept. of Adult Correction
Victim Support Services
4223 Mail Service Center
Raleigh, NC 27699-4223

By Fax 919-715-1256
By Email: SVC_DAC_victimservices@dac.nc.gov

For victim services questions: 1-866-719-0108, Monday-Friday, 8am-5pm **For web information:** www.dac.nc.gov