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|  | 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 prison 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](http://www.nc-van.org) . |

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| Person making the request |
| First: Middle Initial: Last: Suffix:  Mailing Address: Home Phone (\_\_\_\_\_\_\_)  City: State: Zip Code: Work Phone (\_\_\_\_\_\_\_)  County: Email: Cell Phone (\_\_\_\_\_\_\_) |

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| 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)  ❑ 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 |

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| Offender information |
| First: Middle Initial: Last: Suffix: Offender’s NCDAC ID #: |

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| 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. |

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| 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?**  ❑ 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. & 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:** |

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| Send this form: |
| **By Mail** NC Dept. of Adult Correction  Victim Support Services **By Fax** 919-715-1256  4223 Mail Service Center **By Email:** [**SVC\_DAC\_victimservices@dac.nc.gov**](mailto:SVC_DAC_victimservices@dac.nc.gov) Raleigh, NC 27699-4223  **For victim services questions:**  1-866-719-0108, Monday-Friday, 8am-5pm **For web information:** www.dac.nc.gov |
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