



STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION

***Post-Release Notice to Individuals Subject to Community Supervision Regarding
Requests to Have Parental Contact with Biological/Adopted Minor Child(ren) When a
Condition of Supervision Limiting or Prohibiting Contact is Contemplated or Has Been
Imposed***

Name: _____ DIN: _____ NYSID: _____

Your release on community supervision is subject to certain conditions in order to increase your likelihood of being a law abiding member of the community. If you are the parent of a biological or adopted minor child and you have a special condition prohibiting or limiting contact with minors, and you wish to have contact with your child, you must make a request in writing to your Parole Officer for a determination regarding contact with your child.

Written requests for parental contact will be reviewed and determined eligible for further processing once the following materials have been satisfactorily submitted by you to your assigned Parole Officer:

1. a statement that a condition of supervision exists that prohibits or limits contact with your minor child; and
2. a statement that you desire to have contact with such child; and
3. documentary proof that you are the biological or adoptive parent of the child; and
4. a statement that the child is under the age of 18; and
5. a signed statement from the other parent or guardian of the child that supports contact between you and the child; and
6. a statement made under the penalty of perjury that you are not aware of any Order of Protection or other Court Order prohibiting or limiting the type or level of contact with the child you are seeking.

Once all materials are received and reviewed, an investigation will commence. You and the other parent/guardian of the child may be requested to sign release of information forms to assist in the investigation. Any special conditions limiting or prohibiting contact will apply while this investigation is pending.

You will be provided written notice of the Department's decision.

If you wish to request contact with your child, please complete the attached form and submit it to your Parole Officer with all required documents.



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REQUEST FOR PARENTAL CONTACT WITH BIOLOGICAL/ADOPTED MINOR CHILD(REN)

Name: _____ DIN: _____ NYSID: _____

Instructions: Complete all information below and attach required documentation. Once completed, sign, date and return this form and the supporting documentation to your Parole Officer. Please keep a copy of this document, as well as the supporting documentation, for your records.

1. I have a condition of supervision that limits or prohibits contact with my minor (under the age of 18) child(ren) – or - have been informed that a condition of supervision is contemplated that will limit or prohibit my contact with my minor (under the age of 18) child:

____ (Yes) ____ (No)

2. I am requesting to have contact with the following biological/adopted child(ren):

<u>Name</u>	<u>Age</u>	<u>Address/Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The nature of the contact I am requesting is:

4. I have attached the following documents:

- ____ Certified copy of each child's birth certificate, naming me as the child's parent; or, as applicable, a Court Order that establishes me as the adoptive parent or legal guardian of the child(ren); or other documentation _____(specify).
- ____ Signed statement from the other parent or guardian of the child that supports contact between me and the child(ren).

5. I, _____, affirm under the penalty of perjury that I am not aware of any Order of Protection or other Court Order prohibiting or limiting the type or level of contact I am seeking with the child(ren).

Print Name: _____

Sign Name: _____

Date: _____