**Acknowledgement of Victim's Request**
**For No Communication**

Youth's Name: _____ ID#: _____

State law allows victims to request that you not contact them or their family members in any way, or send communication to them through a third party.

I acknowledge that the victim in my case has requested no communication directly from me or through a third party. I acknowledge that I also cannot communicate in any way with the victim's family members.

I acknowledge that if I send communication to the victim, I will receive a disciplinary report and may receive a sanction of up to 72 hours in room confinement.

_____ _____
Youth's Signature Date

_____ _____
Facility Case Manager's Signature Date