



DEPARTMENT OF CORRECTIONAL SERVICES

Minor Contact (Request for Review)

PART 1

This request for minor contact shall be completed by an adult who is the legal guardian of the minor(s) listed below, notarized, and returned to the Supervising Officer of the noted Sex Offender.

I, (Requestor's first and last name) _____, know and understand that (Sex Offender's first and last name) _____ has been convicted of the charge(s) listed below and is required to register as a Sex Offender in the State of Iowa.

I knowingly and voluntarily give permission for the above noted Sex Offender to have only supervised contact and visitation with our family that includes our children, as listed below.

<u>Name of Child</u> <i>(First and Last Name)</i>	<u>Date of Birth</u> <i>(mm/dd/yyyy)</i>	<u>Relationship</u> <i>(to above noted Sex Offender)</i>

Requestor's Information:

Relationship to the Sex Offender:	
Address:	
Phone Number:	

SUBSCRIBED AND SWORN to before me by _____ (Requestor's signature) on this _____ day of _____, 20_____.

Notary Public