



OAKVIEW JUVENILE RESIDENTIAL CENTER
COMMUNICATION RESTRICTION FORM

Youth Name: _____ Committing Court: _____

Youth is not permitted communication with the following person (s):

Name: _____ Relationship to Youth: _____

Address: _____

Phone number: _____

Type of communication not permitted (Please check):

- Telephone Mail
- Mail Visitation
- All types of communication

Comments: _____

Name: _____ Relationship to Youth: _____

Address: _____

Phone Number: _____

Type of communication not permitted (Please check):

- Telephone Mail
- Mail Visitation
- All types of communication

Comments: _____

Court Representative Signature and Date