



**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):

- |                          |                            |                          |            |
|--------------------------|----------------------------|--------------------------|------------|
| <input type="checkbox"/> | Telephone                  | <input type="checkbox"/> | Mail       |
| <input type="checkbox"/> | Mail                       | <input type="checkbox"/> | Visitation |
| <input type="checkbox"/> | All types of communication |                          |            |

Comments: \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of communication not permitted (Please check):

- |                          |                            |                          |            |
|--------------------------|----------------------------|--------------------------|------------|
| <input type="checkbox"/> | Telephone                  | <input type="checkbox"/> | Mail       |
| <input type="checkbox"/> | Mail                       | <input type="checkbox"/> | Visitation |
| <input type="checkbox"/> | All types of communication |                          |            |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Court Representative Signature and Date