

**Mail Stop and Phone Restriction Request**

Please email this completed form to [doc.victimservices@illinois.gov](mailto:doc.victimservices@illinois.gov) or mail to:

Illinois Department of Corrections  
P.O. Box 19277  
Springfield, IL 62794-9277

Name of person making request: _____		
Address: _____		
Home Telephone: (____) _____	Work Telephone: (____) _____	
Email Address: _____		
Status: <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Victim's Next of Kin <input type="checkbox"/> Guardian of Victim <input type="checkbox"/> Concerned Citizen		
I am also requesting a block be placed on the following numbers:		
(____) _____	_____	_____
Phone Number	First & Last Name	Relationship to Requestor
(____) _____	_____	_____
Phone Number	First & Last Name	Relationship to Requestor

**Please notify the IDOC of changes in Address, Email Address or Telephone Number**

- Please impose a mail stop on the below named Individual in Custody. I request that the below named Individual in Custody have no correspondence by mail, direct or indirect, with me or my above-named family during the period of incarceration in the Illinois Department of Corrections. I further request that the Illinois Department of Corrections shall not knowingly forward any mail addressed to the person(s) named in this notice as not desiring correspondence from the named Individual.
- Please impose a restriction on the below named Individual in Custody. I request that the below named Individual in Custody have no contact, direct or indirect, by phone and/or electronic, as applicable below, with me or my above-named family during the period of incarceration in the Illinois Department of Corrections. I further request that the Illinois Department of Corrections shall take reasonable steps to prevent contact consistent with available technology and operational capacity with the person(s) named in this notice as not desiring contact from the named Individual.
- Phone  Electronic Communication
- NOTE: I understand and agree that this request will block all phone calls and/or all electronic Communication from any Individual in Custody statewide, not just the person listed on this form.**
- Please rescind my previously submitted Mail Stop and Phone Restriction Request for the below named Individual in Custody. I understand this means I may begin receiving communication from the below named Individual in Custody.

<b>Individual in Custody Information</b> (Provide as much information as you can. An Individual in Custody's full name and case number, or date of birth is usually adequate to identify the Individual. Individual in Custody locator information is also available on the Internet at <a href="https://idoc.illinois.gov/">https://idoc.illinois.gov/</a> )	
Name: _____	DOB: _____
County of Crime: _____	ID#: _____
Current IDOC Facility: _____	

For questions about this form, contact the Illinois Department of Corrections, Victim Services Unit, by emailing [doc.victimservices@illinois.gov](mailto:doc.victimservices@illinois.gov) or by calling toll-free 877-776-0755.

I understand that I may rescind this notification no more than once every 90 days. In the event of an emergency, approval from the Office of Victim Services may be granted before the 90-day period has elapsed.

\_\_\_\_\_  
Requestor's Name (Print) Requestor's Signature Date