

**NOTICE OF VISITOR  
WARNING/TERMINATION/SUSPENSION/DENIAL/REVOCAATION**

**DISTRIBUTION:**  
ORIGINAL - Visiting File  
CANARY - Inmate  
PINK - Visitor

TO: (Inmate's Name)	CDC NUMBER	INSTITUTION	UNIT
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REGARDING: (Name of Visitor)

**VISITING VIOLATION**

**ACTION TAKEN (Check the box(es) that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Verbal Warning _____<br>DATE  | <input type="checkbox"/> Termination For The Day _____<br>DATE |
| <input type="checkbox"/> Written Warning _____<br>DATE | <input type="checkbox"/> Other: _____<br>DATE                  |

DESCRIPTION OF VISITING VIOLATION INCIDENT:

REASON FOR ACTION TAKEN:

Action taken by \_\_\_\_\_ on \_\_\_\_\_  
PRINT NAME OF OFFICIAL DATE

\_\_\_\_\_  
SIGNATURE OF OFFICIAL

**FINAL ACTION TAKEN (If applicable):**

- |  |   |
|--|---|
| <input type="checkbox"/> One (1) Month Suspension          | <input type="checkbox"/> Six (6) Month Suspension     |
| <input type="checkbox"/> Three (3) Month Suspension        | <input type="checkbox"/> Twelve (12) Month Suspension |
| <input type="checkbox"/> Twenty-four (24) Month Suspension |   |

REASON FOR FINAL ACTION TAKEN:

\_\_\_\_\_  
SIGNATURE OF DIRECTOR / WARDEN / DESIGNEE

\_\_\_\_\_  
(DATE)

The Termination/Suspension/Denial will expire:

- on (DATE) \_\_\_\_\_ after which time you may continue to visit, provided you adhere to all rules and regulations related to visiting within the facility.
- on (DATE) \_\_\_\_\_ after which time you may write a letter to the Warden requesting to have your visiting privileges reinstated. You must also submit a CDC Form 106, Visiting Questionnaire.

Visitors may appeal any action taken above by following the established appeal process outlined in the California Code of Regulations, Title 15, Division 3, Section 3179, Appeals Relating to Visiting.