



Tennessee Department of Children's Services

Tennessee Department of Corrections (TDOC) Request for Contact

Please complete the following information to request contact with a parent of a custodial child/youth in state's custody who is a resident at TDOC. Send completed forms to the Warden of the facility where the parent is a resident and to DCS designee EI.DCS.TDOCRequests@tn.gov. Warden contact information can be found [here](#).

Date of Request: _____ At least seven (7) business days prior to requested contact date

DCS Case Manager: _____

Phone Number: _____ Email Address: _____

DCS Supervisor: _____

Phone Number: _____ Email Address: _____

Incarcerated Parent in DOC Facility: _____

TDOC Facility Name: _____

TDOC Facility Warden: _____

Date Contact Requested: _____ Proposed Time of Contact/Time Zone: _____

Contact type being requested:

- | | |
|--|--|
| <input type="checkbox"/> Virtual Court Hearing Appearance | <input type="checkbox"/> Child & Family Team Meeting by Phone |
| <input type="checkbox"/> Virtual Supervised Parent/Child Visit | <input type="checkbox"/> DCS Worker Phone Call with Parent |
| <input type="checkbox"/> Virtual Child & Family Team Meeting | <input type="checkbox"/> DCS Worker Virtual Meeting with Parent |
| <input type="checkbox"/> Virtual Parent/ Child Visitation | <input type="checkbox"/> Reoccurring Regularly Scheduled Virtual Parent/ Child Visitation; (TDOC or DCS can modify or discontinue visits if they feel the resident/parent is no longer appropriate for visitation) |
| <input type="checkbox"/> Other (please explain below): | |

Authorization Completed Below by TDOC Staff Only

TDOC Staff contact persons designated for DCS Staff for contact to schedule the virtual/phone contact					
Name, Title:		Phone #:		Email:	
Name, Title:		Phone #:		Email:	
Name, Title:		Phone #:		Email:	

This request is: ☐ Approved ☐ Not Approved

Warden/Designee Signature

Date

Print Name: _____ Title: _____

If not approved, please explain below: