



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 Beverley.Norment@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: _____
Resident Parent in DOC Facility: _____
TDOC Facility Location: _____
TDOC Facility Warden: _____
Date Contact Requested: _____ Proposed Time of Contact: _____

Contact type being requested:

- ☐ Virtual Court Hearing Appearance
☐ Virtual Supervised Parent/Child Visit
☐ Virtual Child & Family Team Meeting
☐ Child & Family Team Meeting by Phone
☐ DCS Worker Phone Call with Parent
☐ DCS Worker Virtual Meeting with Parent
☐ Virtual Parent/ Child Visitation
☐ 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)
☐ 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: _____

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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If not approved, please explain below: