



*Allen County Community Corrections
No Contact Addendum*

Participant Name: _____

Offense(s): _____

Cause Number(s): _____

I understand that I will not be allowed to reside with or have contact with the stated victim(s) of my current offense(s), or any other person listed below that Allen County Community Corrections deems necessary in order to successfully supervise me while I am under the supervision of Allen County Community Corrections.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Any violations of this Allen County Community Corrections No Contact Addendum may result in a sanction being imposed, my immediate arrest, and / or termination of placement.

Participant Date

ACCC Staff Date