I. DEFINITIONS

"Indigent" means an inmate who has maintained a balance in his inmate account and media account for a combined total of $5.00 or less for thirty (30) days prior to requesting indigent status.

“Immediate family” is defined in CPP 16.1.

“Media account” means funds an inmate may have available for the purchase of digital music through an approved vendor or for the purpose of “instant mail” as defined in CPP 16.2.

II. POLICY and PROCEDURES

Each inmate may have a personal financial account. This account shall be maintained by the institution at which the inmate is assigned. While allowing freedom of control for each inmate, certain restrictions shall be necessary for institutional security. Any interest earned shall be used strictly for the benefit of inmates.

A. Receipt of Funds

An inmate may receive funds in accordance with the following:

1. Funds received shall be in the form of:

   a. Electronic fund transfer through the Department of Corrections approved vendor;

   b. Check from an insurance company, a stock broker, or a governmental agency, except for a Social Security check. A Social Security check shall be returned to the Administrative Services
Division, Social Security Administrator or as otherwise instructed by the Social Security Administration;

c. Check for a dividend, pension, or refund from a vendor; or

d. Cashier's check or bank money order if an inmate is withdrawing funds from his savings account to be credited to his inmate account.

2. Other funds received shall only be accepted if justified by the inmate and approved by the Warden or his designee.

B. Disbursement of Funds

1. Transfer of funds between inmates shall not be permitted unless the inmates are legally married or are immediate family members as defined in CPP 16.1. Approval shall be obtained from both the Warden where the inmate receiving money is incarcerated and the Warden of the institution where the inmate sending funds is incarcerated before funds may be transferred.

2. Money of any dollar amount shall not be sent outside the institution except for:

   a. Purchase of authorized items or periodicals from vendors approved by the Department;

   b. Payment of restitution, child support, Crime Victim’s compensation or other court-ordered deductions or fees; or

   c. Quarterly disbursement to an immediate family member not to exceed $200 per quarter. The disbursement shall be during the months of March, June, September, and December.

C. Court Ordered Restitution

Court ordered restitution shall be deducted from an inmate’s account as determined by court order. If the court order directs the institution to collect victim restitution from an inmate, the institution shall collect the money and forward it to the court for disbursement to the victim and their survivors or as dictated by the order. Any Court order for the institution to collect monies or restitution from an inmate shall take precedence over institutional debts or restitution.

D. Payment of Restitution or Debts
1. If an inmate owes the institution money or restitution, incoming funds to the inmate’s account shall be applied to outstanding debts or freezes.

2. The percent frozen shall be in the discretion of the warden or his designee, but shall not exceed fifty (50) percent if an inmate receives one hundred (100) dollars or less in incoming funds.

3. If an inmate receives more than one hundred (100) dollars, the institution shall fully apply the amount of incoming funds over one hundred (100) dollars to the restitution or debt. The institution may then apply up to fifty (50) percent of the remaining one hundred (100) dollars to the restitution or debt.

E. Account Balance Limit

1. An inmate account may have a maximum balance of one thousand dollars ($1000.00).

2. An inmate may request an exception to this limit for exceptional circumstances in writing to the Warden or his designee.

3. The Warden or his designee may approve exceptions to this limit on a case-by-case basis.

4. An inmate media account may have a maximum balance of one hundred dollars ($100.00).

F. Freezing Accounts

1. Reasonable Suspicion of Illegal Activity or Violation of Rule or Law

   a. If there is reasonable suspicion to believe an inmate obtained money in his account by engaging in an illegal activity or by violating an institutional rule or federal or state law, the inmate’s account shall be frozen to allow for a complete investigation.

      (1) If it is determined that the inmate's account will be frozen, a notification form shall be issued in writing. See Attachment I, "Notification of Restriction of Inmate Account" form.

      (2) After the notification is written, it shall be presented to the inmate to provide notice.
(3) The inmate shall be given an opportunity to respond to the notice when the notification is delivered to the inmate. The response shall be recorded on the notification form and signed by the inmate.

(4) A copy shall be given to the inmate after it is signed.

(5) If the inmate refuses to sign, it shall be noted on the form with the signature of the witnessing staff member.

(6) The notification form shall be reviewed by the Warden or his designated within seventy-two (72) hours excluding weekends and holidays and forwarded to the proper institutional fiscal authority.

(7) Funds believed to be obtained through illegal methods shall be frozen. This may be accomplished by setting up a separate account for the inmate from which he shall not draw funds.

(8) An account may be frozen for no longer than sixty (60) days, at which time it shall be re-opened or a new notification written, issued, and approved. Inmate funds frozen for investigative purposes shall not exceed a six (6) month period of time.

(9) If investigation shows no cause for action, the account shall be re-opened.

b. If an inmate is transferred to another Kentucky Department of Corrections institution, his account shall remain frozen until the transferring institution completes the investigation by established timeframes.

2. Account Exceeds Balance Limit

a. If an inmate’s account exceeds the amount set as the balance limit in this policy, the amount over the limit shall be frozen and not accessible by the inmate.

(1) If it is determined that the inmate's account will be frozen, a notification form shall be issued in writing. See Attachment I, "Notification of Restriction of Inmate Account" form.
(2) The notification shall be provided to the inmate.

(3) The inmate may respond to the notice when the form is delivered to the inmate. The response shall be recorded on the notification form and signed by the inmate.

(4) A copy shall be given to the inmate after it is signed.

(5) If the inmate refuses to sign, it shall be noted on the form with the signature of the witnessing staff member.

(6) If the inmate makes a response on the notification form, it shall be reviewed by the Warden or his designee within seventy-two (72) hours excluding weekends and holidays and forwarded to the proper institutional fiscal authority.

b. If an inmate is transferred to another DOC institution, the balance shall be transferred to the new institution. The amount over the limit shall remain frozen and not accessible by the inmate.

G. Confiscation of Monies

1. All money confiscated shall be frozen on the inmate’s account until the inmate is no longer incarcerated in a state institution or private prison facility. However, this shall be subject to any valid court order or a final institutional Adjustment Committee’s order of restitution.

2. Confiscated money shall be frozen in a separate account in the inmate’s name, but the inmate shall not be allowed to withdraw funds from this account.
NOTIFICATION OF RESTRICTION OF INMATE ACCOUNT

INMATE NAME AND NUMBER: ____________________________________________________________

DATE AND TIME OF REVIEW: ____________________________________________________________

The above named and numbered inmate’s account shall be frozen for the following reasons:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

__________________________________________ __________________________________________
STAFF NAME AND TITLE DATE AND TIME

INMATE’S RESPONSE TO RESTRICTION

The following is ___________________________________________’s response to the restriction notice issued on
__________________________________________, 20___, at ________, __.m.:____________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I have received a copy of this notification. The above accurately reflects my response.

__________________________________________ INMATE SIGNATURE
WITNESS SIGNATURE

__________________________________________ DATE AND TIME
WITNESS SIGNATURE

WARDEN’S REVIEW

Mark One: APPROVE_______________________ DISAPPROVE_______________________

COMMENTS:________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

_____________________________________ DATE AND TIME
WARDEN OR DESIGNEE

White Copy to Institutional Records Office
Yellow Copy to Fiscal Authority
Pink Copy to Inmate