

**KENTUCKY DEPARTMENT OF CORRECTIONS
Acknowledgement Form – Inmate Tablet Agreement**

By signing below, I acknowledge that:

INFORMED: I have been informed of the use of tablets prior to signing this form. I further acknowledge that additional information may be found in both CPP 16.6 Inmate Tablets and the User Guide located in the viewer application on the tablet. I acknowledge that I will also receive a copy of this acknowledgment form upon completion.

ISSUANCE: Upon signing this form, I will be issued one (1) tablet, one (1) set of earbuds, and one (1) charging cord which are specific to the available tablets. I further acknowledge that should loss or damage occur, earbuds, charging cords or headphones are available for purchase at my expense through the inmate canteen services. The only exceptions are for those deemed indigent, **replacement parts will be issued in accordance with CPP 16.6**. Accidental tablet damages will be handled in accordance with CPP 16.6.

MISUSE: Tablet use is a **privilege** and not a right. Therefore, I know that I can have my tablet privileges suspended or revoked due to failure to abide by the policy and procedure, security concerns, misuse of any tablet, or intentional damage, **destruction, altering, or defacing** of a tablet. I also acknowledge that I can be subject to restitution for the repair or replacement of any tablet if I am found guilty of damaging or destroying any tablet.

COMMUNICATIONS: **Messaging and application use is subject to monitoring and review. Allowable contacts will be in accordance with CPP 16.2 Inmate Correspondence.**

PERSONAL ACCOUNT: I **must** maintain the security of my Personal Identification Number (PIN) and my log on information. I also understand that any time I am not using my assigned tablet, I am responsible for logging off the device. I do not have the authority to allow any other inmate to use or take possession of my assigned tablet. Any fees or costs associated with applications, communication services, entertainment services (movies and games) or any other special programming that may be added to the tablet or used on the tablet assigned to me, or using my PIN is **MY** responsibility. The KYDOC **will not** investigate claims for fees/costs associated with my user log on. I further understand that fees and costs are set by the tablet provider and **are not** the responsibility of the KYDOC.

Inmate Name and KYDOC #: (PRINT)

Inmate Signature: _____ **Date:** _____

Language assistance requested

Witness Name: (PRINT)

Witness Signature: _____ **Date:** _____