

**EXHIBIT "B"**



Attachment  
U.S. Department of Justice  
Federal Bureau of Prisons

**Inmate Agreement for Participation in TRULINCS Pilot Program**

Inmate Name:	Reg. No.:	Institution:
--------------	-----------	--------------

1. **TRULINCS Program** - I understand the Bureau of Prisons (Bureau) at the above-named institution is offering an opportunity to participate in the TRULINCS pilot program, whereby inmate-participants may send and receive electronic messages with members of the community.

2. **Conditions of Participation** - As a voluntary TRULINCS pilot program participant, I understand and voluntarily agree to the following conditions:

a. **Compliance with Pilot Program Procedures** - I must abide by all terms prescribed in the Institution Supplement (procedures), which I acknowledge having read and understood prior to signing this agreement. I understand that copies of this Institution Supplement are available for my review in the Education Department law library and on the bulletin board in every housing unit.

b. **Voluntary Participation** - My participation in the TRULINCS pilot program is voluntary and I may decline participation, or withdraw at anytime, without penalty or cost, except as provided in the procedures related to fees which may have already been collected from me. In the absence of TRULINCS program participation, I may still maintain contact with persons in the community through written correspondence, telephone, and visiting, as provided in those relevant Bureau policies.

c. **User Fee** - My TRULINCS program participation is conditioned on my payment of a fee for usage as prescribed in the procedures, and I authorize such fee(s) to be withdrawn directly from my inmate deposit fund account.

d. **Consent to Monitoring** - I understand and voluntarily consent to having my messages (incoming and outgoing) monitored, read, and retained by Bureau staff. I understand and voluntarily consent that this provision applies to messages both to and from my attorney or other legal representative, and that such messages will not be treated as privileged communications.

e. **Warden's Authority** - The Warden may discontinue my participation in the TRULINCS program, or reject incoming/outgoing messages, whenever it is determined that my participation jeopardizes the safety, security, or good order of the institution, or public safety. Additionally, my participation may be limited or discontinued at any time due to program unavailability resulting from system maintenance, modification, or other reasons unrelated to my participation conduct.

f. **Inmate Discipline / Criminal Prosecution** - My use of the TRULINCS program in violation of the procedures may result in inmate disciplinary action and/or criminal prosecution.

g. **Administrative Remedy Program** - Any grievance I may have related to the TRULINCS pilot program may be raised through the Bureau's Administrative Remedy Program.

3. **ACKNOWLEDGMENT** - As indicated by my signature below, I understand and voluntarily agree to all the above provisions.

\_\_\_\_\_  
Inmate Name (printed / signed)

\_\_\_\_\_  
Date Signed