

Refer to BOP

BP-A0934.052

Inmate Agreement for Participation in TRULINCS

FEB 08

Electronic Messaging Program CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name:	Reg. No.:	Institution: MCC N.Y.
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1. **TRULINCS Program** - I am notified of and acknowledge that the Bureau of Prisons (Bureau) at the above-named institution is offering an opportunity for inmates to participate in the Trust Fund Limited Inmate Communication System (TRULINCS) program, whereby inmate-participants may send and receive electronic messages (e-mail) with members of the community.
2. **Conditions of Participation** - As a TRULINCS program participant, I am notified of, acknowledge, and voluntarily agree to the following conditions:
 - a. **Compliance with Program Procedures** - I must abide by all terms prescribed in the TRULINCS Program Procedures (procedures), which I acknowledge having been notified of, received, read, and understood prior to signing this agreement.
 - b. **Voluntary Participation** - My participation in the TRULINCS Electronic Messaging 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is conditioned on my payment of a fee for usage as prescribed in the procedures, and I authorize such fee(s) to be withdrawn directly from my inmate deposit fund account.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 am notified of, acknowledge, and voluntarily consent to having my messages and transactional data (incoming and outgoing) monitored, read, retained by Bureau staff, and otherwise handled as described in the Inmate Electronic Message Record System, Justice/BOP-013 (70 FR 69594-01, November 16, 2005). I am notified of, acknowledge, 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 violates the procedures or otherwise jeopardizes the safety, security, or good order of the institution, or protection of the public. Additionally, my participation may be limited or discontinued at anytime due to program unavailability resulting from system maintenance, modification, SHU assignment 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 program may be raised through the Bureau's Administrative Remedy Program.
3. **ACKNOWLEDGMENT** - As indicated by my signature below, I am notified of, acknowledge, and voluntarily agree to all the above provisions.

Inmate Name (printed/signed)

4/5/10

Date

(This form may be replicated via WP)

Refer to BOP

BP-A0655

REQUEST FOR INMATE TRANSACTIONAL DATA

NOV 14

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

This form should be executed by any federal law enforcement agency or United States Attorney's office in situations in which such agency or office requests copies of inmate transactional data of a person in Bureau of Prisons custody for intelligence purposes or in conjunction with an ongoing criminal investigation or prosecution.

SUBMISSION OF THIS FORM SHALL SIGNIFY BY THE UNDERSIGNED THAT ANY INFORMATION OBTAINED WILL BE TREATED AS SENSITIVE INVESTIGATIVE OR INTELLIGENCE INFORMATION AND WILL BE DISSEMINATED ONLY IN A MANNER APPROPRIATE TO THE CONDUCT OF THE INVESTIGATION OR PROSECUTION OR FOR LEGITIMATE INTELLIGENCE PURPOSES.

Name of Inmate		Register No.	
FBI NO	SSN	DOB	
Principal Alias			
Criminal Affiliation		Position in Organization	
Nature of Investigation			
Starting Date for Requested Transactional Data			
Ending Date for Requested Transactional Data			
Type of Transactional Data Requested <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Messaging <input type="checkbox"/> Visiting <input type="checkbox"/> Financial			
List any known targets to be searched; i.e., telephone number(s), electronic messaging address(es), etc.			
Other Specific Requests			
Submitting Agency		Office/District	Date
Phone Number:	Fax:	E-Mail Address	
Ext:			
Special Agent or Assistant United States Attorney			
Printed Name		Signature	
Title			
This form should be submitted directly to the Warden of the institution in which the person in Bureau of Prisons custody is incarcerated. In cases where the institution is not known, the form should be mailed directly to Bureau of Prisons, Intelligence Section, at 320 First Street, N.W., Room #543, Washington, D.C. 20534, or e-mailed to BOP-CPD/SIS@bop.gov.			

THIS FORM IS LAW ENFORCEMENT SENSITIVE WHEN COMPLETED