

**Inmate Agreement for Participation in TRULINCS**

JUNE 10

**Electronic Messaging Program** CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name:	Reg. No.:	Institution:
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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is conditioned on my payment of a fee for usage as prescribed in the procedures, and I authorize such fee(s) to be withdrawn directly from my inmate deposit fund account.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.

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 Inmate Name (printed/signed)

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 Date