

INCARCERATED PERSON/RESIDENT KIOSK USE SUSPENSION

Today's Date: [Click here to enter a date.](#)

enter a date.

Effective Date: [Click here to enter a date.](#)

ACTION TYPE: Informal Sanction Formal Discipline Other Violation

(Attach supporting documentation, e.g. incident report, informal sanction form, etc.)

Incarcerated Person/Resident Information

Name: Click here to enter text.	OID: Click here to enter text.
Unit/Room/Cell: Click here to enter text.	Facility/Site: Choose an item.

Basis for suspension: Informal sanction notice or incident report must be attached.

Kiosk Service Privilege Suspension

Kiosk Service	Suspension length
<input type="checkbox"/> Kiosk use	<input type="checkbox"/> 7 days
<input type="checkbox"/> O-mail	<input type="checkbox"/> 1 month
<input type="checkbox"/> Video visits	<input type="checkbox"/> 3 months
<input type="checkbox"/> Videograms	<input type="checkbox"/> 6 months
	<input type="checkbox"/> 12 months
	<input type="checkbox"/> Other: Click here to enter text.
	<input type="checkbox"/> Indefinite/permanent

SUPERVISOR REVIEW: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Modify: Click here to enter text.	
Signature:	
Supervisor Name: Click here to enter text.	Date: Click here to enter a date.

KIOSK LIAISON: <input type="checkbox"/> Notified kiosk service provider/entered on website Date: Click here to enter a date.	
Start Date: Click here to enter a date.	Start Date: Click here to enter a date.

<input type="checkbox"/> Incarcerated Person/Resident Appeal Date Received: Click here to enter a date.
--

APPEAL REVIEW: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Modify Penalty: Click here to enter text.
Signature:
Supervisor Name:

Click here to enter text.

Date: Click here to enter a date.

SAMPLE