DEPARTMENT OF CORRECTIONS

Pager Equipment Agreement

I understand that I have been provided with the following property that is owned by the State of Minnesota:

_____

_____

I am responsible for keeping this state issued property in my possession. If this state property becomes lost, damaged, or stolen, I will immediately report it to unit staff. If I transfer to another institution or am released from DOC, I will turn this property in to staff prior to leaving. I will not allow other incarcerated persons/residents to be in possession of this state issued property at any time.

I will use the device and all components in the manner in which they are intended to be used. I will not perform maintenance on the device or tamper with the hardware in any way.

I understand that my account may be charged to cover replacement costs if this state property becomes lost, damaged, or stolen.

It is the Department of Corrections' right to restrict device privileges or take other administrative action due to failure to comply with the above-referenced rules. Violation of these rules may be grounds for paying restitution, and disciplinary action.

By Signing this form, you acknowledge that you have read and understand the above rules and agree to follow the guidelines outlined in Policy 203.250, Modifications for Incarcerated Persons/Residents with Disabilities and Policy 500.150: Adaptive Equipment/Medical Authorizations.

Name & OID (printed clearly): _____

_____ _____

Incarcerated Person's/Resident's Signature Date

Issuing Staff Name: _____

Staff Signature: _____ Date: _____

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