INCARCERATED PERSON/RESIDENT KIOSK USE SUSPENSION

Today's Date: Click here to 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
☐ Kiosk use ☐ O-mail ☐ Video visits ☐ Videograms	☐ 7 days ☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months ☐ Other: Click here to enter text. ☐ Indefinite/permanent

SUPERVISOR REVIEW: ☐ **Approve** ☐ **Deny** ☐ **Modify:** Click here to enter text.	
Signature:	
Supervisor Name: Click here to enter text.	**Date:** Click here to enter a date.

KIOSK LIAISON: ☐ **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.

☐ **Incarcerated Person/Resident Appeal**
Date Received: Click here to enter a date.

APPEAL REVIEW: ☐ **Approve** ☐ **Deny** ☐ **Modify Penalty:** Click here to enter text.
Signature:
Supervisor Name:

SAMPLE

Click here to enter text.	**Date:** Click here to enter a date.

SAMPLE