

# D UNIT

Form DC-135A

Commonwealth of Pennsylvania  
Department of Corrections

## INMATE'S REQUEST TO STAFF MEMBER

### INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

2. Date:

3. By: (Print Inmate Name and Number)

4. Counselor's Name:

5. Unit Manager's Name:

\_\_\_\_\_

\_\_\_\_\_

Inmate Signature

6. Work Assignment:

7. Housing Assignment:

8. Subject: State your request completely but briefly. Give details.

9. Response: (This Section for Staff Response Only)

To DC-14 CAR only

To DC-14 CAR and DC-15 IRS

STAFF MEMBER NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Print Signature

## INMATE SUBSCRIBER AGREEMENT

INMATE NAME: \_\_\_\_\_ Housing Unit: \_\_\_\_\_ Department #: \_\_\_\_\_

1. I understand that this "Inmate Subscriber Agreement" sets forth the terms and conditions by which I may subscribe to cable television.
2. I understand that this "Inmate Subscriber Agreement" is NOT a contract between myself and the Department of Corrections.
3. I understand that when I sign this "Inmate Subscriber Agreement," I am agreeing to do everything this document states I must do.
4. I understand the Cable Service Provider will sell cable television service to me for a monthly fee.
5. I understand the Cable Service Provider is not required to sell me cable television service unless I have paid for the service in advance.
6. I authorize the Department of Corrections to automatically deduct the cable television service fee from my inmate account every month in advance of the month for which I am purchasing cable television service, and to send the fee to the Cable Service Provider.
7. I understand that I pay the monthly fee established to have my television connected to one live single outlet for cable service. I understand that the Cable Service Provider may change the monthly fee upon thirty (30) days' notification.
8. I understand that I must notify the Department of Corrections in writing according to policy (Cancellation of Cable Service – Attachment 1-B), to cancel service or the deductions will continue, including deductions when the monthly fee is increased, whether or not I want to continue paying for cable television services. Cancellations must be received by the facility Inmate Accounting Office, no later than the 15<sup>th</sup> day of the month prior to cancellation. Cable service will then be canceled on the first day of the next month or next regular working day.
9. I understand the Cable Service Provider will cancel my cable television service at the end of the paid month if I notify the Department of Corrections to stop deducting the monthly fee for cable television services.
10. I understand the Cable Service Provider will cancel my cable television service at the end of the paid month if there is not enough money in my inmate account to pay the next month's fee when due.
11. I understand that in the event of a move or change of my location within the facility, the Department of Corrections or the Cable Service Provider has up to three (3) business days to change the cable connection to my new location.
12. I understand that upon cancellation of my cable service for any reason, I will be subjected to a waiting period of two service months until a new agreement can be submitted for cable television service.
13. I understand that I am not entitled to a full or partial refund for cable television service when service is cancelled for any reason or when I am absent from the facility for ATA, furlough, hospital stay, etc. I may be entitled to a pro-rated refund for an interruption in service caused by the Cable Service

Provider only if a pro-rated refund is required under the agreement between the Cable Service Provider and the Department of Corrections.

14. I understand and accept personal responsibility for that portion of the cable provider's equipment that is located in my assigned living quarters and connected to my television. The Cable Service Provider may terminate cable television service immediately if the cable television equipment located in my assigned living quarters or connected to my television is damaged or tampered. I will pay the cost of repairing or replacing the damaged cable television equipment located in my assigned living quarters and connected to my television. I authorize the Department of Corrections to deduct this cost from my inmate cash account for payments to the Cable Service Provider. I understand that the Cable Service Provider shall not be required to restore cable service to any inmate subscriber who has caused damage to the system service of the Cable Service Provider.
15. I will connect only one television to each outlet that I pay for. I understand that all other connections to receive cable television service are unauthorized, including connection of another television to my television. I will pay the cost of one additional month's fee if any television receives cable television service from an unauthorized connection to the outlet that I pay for. I will pay this additional fee even if I did not give another person permission to receive cable television service from the outlet I pay for. I understand that permitting another person to connect his/her television to the cable service I receive is a crime, 18 Pa.C.S. 3926 (Theft of Services), and that paying for the stolen services does not excuse me from criminal prosecution. I understand the Cable Service Provider may terminate cable television service immediately in the event of unauthorized connection. I authorize the Department of Corrections to deduct the additional fee for receipt of unauthorized cable television services for payment to the Cable Service Provider.
16. I understand the monthly cable charge due and payable to the Cable Service Provider for Broadband Communication Services (cable) will not be prorated.
17. I understand the Cable Service Provider is not responsible for an technical difficulties in reception experienced by any subscriber because of the nature or condition of the subscriber's properly connected television or because of unauthorized alterations to, or connections with, the Cable Service Provider's system at the subscriber's outlet location.
18. I understand the Cable Service Provider assumes no responsibility for the operation, maintenance, or repair of television sets not installed or furnished by the Cable Service Provider, which may be connected to the Cable Service Provider's system.
19. I understand the Cable Service Provider is the owner of the cable television service equipment. I understand that this agreement does not sell or rent to me any equipment owned by the Cable Service Provider. I am purchasing cable television service only.

I have read all the above statements and the Cable TV Policy or they have been read to me. I agree to abide by every statement made in this agreement and understand I am legally bound by this document.

**SIGNATURES**

\_\_\_\_\_  
INMATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE WITNESS

\_\_\_\_\_  
DATE

**VOLUNTARY REQUEST TO CHANGE CELL PARTNERS**

\_\_\_\_\_  
Name and Number

Are you currently assigned bottom bunk and/or bottom tier? YES NO

\_\_\_\_\_  
Current Tier and Cell

\_\_\_\_\_  
Name and Number

Are you currently assigned bottom bunk and/or bottom tier? YES NO

\_\_\_\_\_  
Current Tier and Cell

NOTE:

**IF THIS CELL CHANGE IS APPROVED, BOTH INMATES LISTED ABOVE WILL NOT BE PERMITTED ANOTHER CELL CHANGE FOR 180 DAYS**

**\*\* Both Inmates must sign and turn in this form in the presence of the Unit Officer \*\***

\_\_\_\_\_  
Inmate's Signature (Name & Number)

\_\_\_\_\_  
Inmate's Signature (Name & Number)

6-2 Pod Officer

Yes  No

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

6-2 Sgt.

Yes  No

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

2-10 Pod Officer

Yes  No

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

2-10 Sgt.

Yes  No

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Counselor (if available)  Yes  No

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Unit Manager

Yes  No

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Cell: \_\_\_\_\_

**All Cell Agreements must be processed and signed by all staff listed above unless otherwise noted.**

**SUPPLEMENTARY AUTHORIZED INMATE TELEPHONE NUMBERS**  
**Commonwealth of Pennsylvania - Department of Corrections**

IPIN#: \_\_\_\_\_ Inmate Name: \_\_\_\_\_ Inmate #: \_\_\_\_\_ Housing Unit/Cell#: \_\_\_\_\_ Date: \_\_\_\_\_

**1. REMOVAL FROM LIST OF AUTHORIZED INMATE TELEPHONE NUMBERS**

Name	Relationship	Telephone #	Address	Date of Birth

**2. ADDITIONS TO LIST OF AUTHORIZED INMATE TELEPHONE NUMBERS**

Name	Relationship	Telephone #	Address	Date of Birth

3. All Approved: \_\_\_\_\_ All Approved Except: \_\_\_\_\_

**Any telephone call, which you make or receive in any state correctional facility, may be intercepted, recorded, monitored, or divulged. The Only exception is properly placed telephone calls to or from your attorney. \_\_\_\_\_ Inmate Signature**

**Remarks:**

Approving Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**Commonwealth of Pennsylvania - Department of Corrections**

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Remarks:

Approving Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPPLEMENTARY AUTHORIZED INMATE TELEPHONE NUMBERS**  
**Commonwealth of Pennsylvania - Department of Corrections**

IPIN#:	Inmate Name:	Inmate #:	Housing Unit/Cell#:	Date:
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**Remarks:**

Approving Signature:	Title:	Date:
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