

MAINE DEPARTMENT OF CORRECTIONS
REQUEST AND AUTHORIZATION FOR MEDIA ACCESS

MEDIA REPRESENTATIVE INFORMATION

1. Name: _____
2. Organization/Company: _____
3. Address: _____
4. Email: _____ Phone: _____
5. Type of Media (Format): _____

6. Purpose of the Requested Access: _____

7. Distribution Outlet and Date (where and when) (*provide approximate timeframe, if date unknown*): _____

TYPE OF ACCESS REQUESTED (*Select all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> 1-on-1 Interview with Resident(s) | <input type="checkbox"/> Event Coverage (e.g., graduation, program, class, etc.) |
| <input type="checkbox"/> 1-on-1 Interview with:
<input type="checkbox"/> Staff <input type="checkbox"/> Student Interns <input type="checkbox"/> Volunteers | <input type="checkbox"/> Facility Tour |
| <input type="checkbox"/> Audio Recording | <input type="checkbox"/> Photographing (still images) |
| <input type="checkbox"/> B-Roll/Background Video Footage | <input type="checkbox"/> Specific Facility Site Observation |
| | <input type="checkbox"/> Video Recording/Filming |
| | <input type="checkbox"/> Other: _____ |

If applicable, name(s) of individual(s) to whom access is requested or describe group/category if unknown: _____

FACILITY (If Applicable)

- BCF, Warren, ME DCF, Machiasport, ME MCC, Windham, ME
 MCC Women's Center, Windham, ME MSP, Warren, ME
 MVCF, Charleston, ME SMWRC, Windham, ME LCYDC, So. Portland, ME

MAINE DEPARTMENT OF CORRECTIONS
REQUEST AND AUTHORIZATION FOR MEDIA ACCESS

IDENTIFIABILITY OF INDIVIDUALS

(Select all that apply)

- Individual(s) to whom access is requested will appear on camera for interviews or on-camera segments (requires consent).
- Other individual(s) appearing in background/b-roll will be blurred, cropped, or otherwise made non-identifiable.
- No individual(s) will be identifiable in the published media.

Additional Notes/Details: _____

I understand that if individual(s) will be interviewed or will otherwise be participating in this media project, their participation is voluntary and requires approval from the facility Chief Administrative Officer, the community corrections Regional Correctional Administrator, or the direct supervisor of the Central Office staff, as applicable, and the Commissioner, or their designees, and, if a resident is a minor or an adult with a guardian, the resident's parent(s)/guardian/legal custodian. I understand that any access granted is subject to the below specific conditions and that violating these conditions may result in termination of access. I understand that individuals may end their participation at any time for any reason. I also understand that the publication, broadcast, distribution, or any other disclosure of identifying information is strictly prohibited for minors and adults with guardians, and that residents who are 18 or older and do not have a guardian must specifically authorize any publication or broadcast of identifying information.

Signature of Media Representative

Date

SUBJECT TO THE FOLLOWING CONDITIONS:

- a. Authorization may be withdrawn at any time pending any appeal in writing by the media representative to the Commissioner of Corrections;
- b. The individual(s) to whom access is granted may terminate access at any time;
- c. If authorization is granted for access to staff, student intern, or volunteer, they may, if they desire, be accompanied by the Chief Administrative Officer, or their designee;
- d. In addition to the below specific reasons, if authorization is granted for access to an individual, the access may be terminated at any time for any reason;
- e. If authorization is granted for access to a resident or for a facility tour or site access, the access may be terminated:
 - 1) if there is reasonable suspicion that the access or the publication or broadcast might facilitate criminal activity or violation of the facility's rules or create a risk to safety, security, or orderly management of the facility; the impact on the victim would be excessive; the access might adversely impact a criminal investigation or prosecution; the access might harm the welfare of a resident, including by a violation of a right to confidentiality; the resident is unavailable or unwilling or unable to participate; it is determined to be an excessive demand on staff resources; or refusal or failure to abide by any condition set by the Chief Administrative Officer, or designee, any facility rule, or any staff instructions;
 - 2) the resident or the media representative is exhibiting inappropriate behavior, including inappropriate

MAINE DEPARTMENT OF CORRECTIONS
REQUEST AND AUTHORIZATION FOR MEDIA ACCESS

physical contact;

- 3) an emergency or critical incident occurs; or
 - 4) the information or material being sought or obtained is beyond that for which the Chief Administrative Officer, or designee, gave authorization.
- f. Residents are not allowed to discuss their victims, any pending charges, or specifics of their criminal history.
- g. Any material or information obtained including, but not limited to, the interview, audio/video recording, or photograph, shall not be used other than for the purpose for which authorization was given.
- h. The Chief Administrative Officer, or designee, may be present during any interviewing, audio/video recording, or photographing of a resident by a media representative.
- i. If the resident is a minor or an adult with a guardian, the use of the resident's name, hometown, or other personal information, identifiable photographs, or identifiable audio/video recordings or any other disclosure of identifying information is strictly prohibited at all times.
- j. If a resident is 18 years of age or over and has no guardian, the resident's identity, hometown, or any other personal information shall not be disclosed by the media representative, their company, or organization, unless specifically authorized on the Resident Consent for Media Access.
- k. If a resident is 18 years of age or over and has no guardian, photographing, or audio/video recording which might reveal the identity of the resident shall not be done, unless specifically authorized on the Resident Consent for Media Access.
- l. If a resident is 18 years of age or over and has no guardian, the requesting individual's work product shall not contain any information which might lead to the identification of the resident, unless specifically authorized on the Resident Consent for Media Access.
- m. If a resident is 18 years of age or over and has no guardian, should the identity of any resident be disclosed as a result of the media access, that identity shall not be confirmed by the media representative or their company or organization, unless specifically authorized on the Resident Consent for Media Access.
- n. The interview, audio/video recording, or photograph shall be used only where and when and for the purpose(s) noted above, provided any broadcast noted above may be repeated or any publication noted above may be reprinted as is customary for the media; and
- o. Other conditions, if any: _____

On behalf of myself and the Media I am representing, I agree to the above conditions.

Signature of Media Representative

Date

Position

Organization or Company

Date Approved

Signature of CAO, RCA, CO Supervisor, or designee

Date Approved

Signature of Commissioner, or designee