

MAINE DEPARTMENT OF CORRECTIONS
RESIDENT TABLET USE AGREEMENT

Resident Name: _____ MDOC # _____ Date: _____
Facility: _____ Housing Unit: _____

Mandatory Conditions:

1. I shall follow all relevant DOC policies pertaining to tablets.
2. I shall not attempt any access not approved for me, and I shall use the access approved for me only for approved purposes.
3. I shall not use a tablet issued to another resident, and I shall not use another resident's login credentials on a tablet issued to me.
4. I shall not connect a tablet to any network other than the approved tablet wi-fi network and shall not use a tablet while connected to any other network
5. I understand that my tablet use, text messaging, and/or network access is not confidential and may be viewed or otherwise monitored by DOC staff at any time for any reason, including by a facility law enforcement officer. I understand that any tablet that I have used may be searched by DOC staff at any time for any reason, including by a facility law enforcement officer. I understand that any text message or other content on a tablet may be retained by DOC staff at any time for any reason, including by a facility law enforcement officer. I understand that neither a warrant nor probable cause is required.
6. I shall not password protect or encrypt any documents, text messages, or files, delete any browser history, or otherwise take any steps to prevent monitoring by DOC staff.
7. I understand that if evidence of a crime or a violation of probation or supervised release for sex offenders, if applicable, is found on a tablet issued to me, I may be subject to an investigation and/or prosecution. I also understand that if evidence of a crime or a violation of probation or supervised release for sex offenders, if applicable, is found on a tablet issued to another resident but used by me, I may be subject to an investigation and/or prosecution.
8. I shall not allow any person other than DOC staff to use a tablet issued to me.
9. I shall not provide to any person other than DOC staff my login credentials. I shall not use my login credentials while being observed by any person other than DOC staff.
10. I shall provide my login credentials to any facility law enforcement officer upon their request.
11. I shall not leave a tablet issued to me unattended without first signing out of my account or shutting it down.
13. I understand that if any person other than DOC staff uses a tablet issued to me or my login credentials on any tablet, it will be deemed that either I used it or I permitted them to use it.
14. I shall not use a tablet, text message, or access the network on behalf of any person or request any other resident to use a tablet, text message, or access the network on my behalf.

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15. If I inadvertently access any website or any material that is not approved, I shall discontinue that access immediately and immediately report that access to facility security staff.
16. I shall not create any email or other messaging system account.
17. I shall not create any website, blog, or any other online content.
18. I shall not access any website that is not approved.
19. I shall not access any website using an “incognito” or private browser.
20. I shall not post any comments on any website or “like” or “dislike” anything posted on any website.
21. I shall not purchase any subscriptions, services, or products other than those approved.
22. I shall not use a tablet, text message, or network for conducting any business activities, selling services or products, or conducting unapproved financial transactions of any sort, including, but not limited to, investment or banking transactions, and/or gambling.
23. I shall not use a tablet, text message, or network for obtaining information about other persons in DOC custody or under DOC supervision in the community.
24. I shall not use a tablet, text message, or network for obtaining information about crime victims, whether a victim of my crime or a victim of a crime by another person.
25. I shall not use a tablet for obtaining information about DOC staff or other persons connected to the DOC.
26. I shall not use a tablet for receiving or sending legal correspondence or legal documents.
27. I shall not use a tablet for playing video games other than approved video games.
28. I shall not use a tablet for messaging other than through the approved text message system.
29. I shall not use a tablet for accessing social media or chat rooms.
30. I shall return the tablet any time requested by DOC staff, including by a facility law enforcement officer. In addition, I understand that a facility law enforcement officer may confiscate a tablet at any time for any reason.
31. I shall not consume food and/or beverages while using a tablet and shall not have food or a beverage in the vicinity of a tablet.
32. I shall not alter, damage, destroy, or cause a malfunction of a tablet or peripheral equipment (e.g., earbuds, charging device, etc.).
33. I shall immediately notify DOC staff of any altered, damaged, destroyed, malfunctioning, lost, stolen, or missing tablet or peripheral equipment.

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34. I understand that I shall be responsible for compensating the DOC for any altered, damaged, destroyed, malfunctioning, lost, stolen, or missing tablet, peripheral equipment, software, system, or program due to my intentional act or negligence and that if I do not compensate the DOC, that will be grounds for not issuing me another tablet and/or for taking another administrative action.
35. I shall not modify or attempt to repair a tablet, peripheral equipment, software, system, or program.
36. I shall not download, upload, install, or upgrade any program or application, unless prompted by the tablet provider.
37. I shall not print anything from a tablet.
38. I shall not forward to a third party any document or text message.
39. I shall not introduce any virus into a tablet, system, or program. If I inadvertently introduce a virus, I shall immediately shutdown the tablet and immediately report the issue to facility security staff.
40. I shall not remove, modify, or obscure identification or inventory stickers, labels, tags, or other markings. If stickers, labels, or tags become damaged or are missing, I shall notify facility security staff as soon as possible. I shall not add unapproved stickers, labels, tags, or other markings.
41. I shall not create or use a VPN (Virtual Private Network).
42. I shall not create or use a proxy.
43. I shall not take any photos with the tablet camera, except for my identification photo. I shall not make any audio or video recordings with the tablet camera and shall only use the tablet for video visits in accordance with DOC policy and facility practices.
44. I shall not use a tablet to obtain pictures of documents or any screenshots.
44. I shall not use a tablet for electronic file sharing.
45. I shall not use a tablet to violate copyright laws.
46. I shall not use a tablet to harass or threaten any person.
47. I shall not use a tablet to engage in any other illegal activity.
48. I shall not use a tablet to commit any disciplinary violation.
49. I shall not use a tablet to access pornography.
50. I shall not use inappropriate language including, but not limited to, profanity, obscenity, references to violence or sexual acts, bullying, etc., when messaging or at any other time in connection with tablet use.
51. I shall not share answers to assignments or tests with another resident or receive answers to assignments or tests from another resident.
52. I shall not use a tablet to access any materials that would not be allowed to be received by me via the regular mail as set out in Department Policy (AF) 21.2, Resident Mail.

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- 53. I shall not use a tablet to contact, directly or indirectly, a victim of my crime with whom I am prohibited to have contact as provided in DOC Policy 6.3, Contact with Victims.
- 54. I shall not use a tablet to contact, directly or indirectly, any person, whether or not a victim of my crime, with whom I am prohibited to have contact by any other DOC policy.
- 55. I shall not use a tablet to contact, directly or indirectly, another resident.
- 56. I shall not impersonate any other person, falsely represent myself, or make any other false statement.
- 57. I shall abide by all restrictions and/or conditions set by DOC policy, court orders, DOC staff, and/or case plan requirements and shall not use a tablet to bypass any such restrictions or conditions.

I agree to abide by the above conditions. I understand that if I fail to abide by any of the above conditions, I may be subject to a related administrative action, including, but not limited to, termination of approval for tablet use, text messaging, or video visits; facility disciplinary action; revocation of probation or supervised release for sex offenders, if applicable; and/or criminal prosecution.

I also understand that my tablet use, text messaging, or video visits may be restricted or terminated at any time for any reason at the sole discretion of the Commissioner, or designee, or the Chief Administrative Officer, or designee.

Finally, I understand that the Department of Corrections is not responsible for:

- a. the setup or operation of any services or programs provided to me through the tablet;
- b. the setup or operation of the text messaging service for any person that I exchange messages with;
- c. the setup or operation of the video visits service for any person that I have video visits with; and
- d. any costs incurred by such a person in connection with the text messaging service or video visits service, including if I myself or that person loses text messaging or video visit privileges, or tablet use, text messaging, or a video visit is terminated because of technical difficulties or for reasons of safety, security, or orderly management of the facility.

I hereby acknowledge that I have read or had read to me the above, have had the above explained to me, and understand the Maine Department of Corrections Resident Tablet Use Agreement.

I have received a copy of this agreement and conditions.

Signature of Resident: _____ Date: _____

Printed Name of Staff: _____ Signature _____ Date: _____