Acknowledgement of Receipt

OFFENDER'S NAME: **GDC NUMBER:** **DATE:**

FACILITY:

The GOAL Device is issued to offenders under supervision of the Georgia Department of Corrections to prepare them for reentry and to help them regain and maintain family bonds. This form serves as an acknowledgement of receipt of a GOAL Device. By signature of receipt, you confirm that you understand the following rules and regulations concerning the GOAL Device:

1. **All communications sent or received using the GOAL Device or Kiosk are subject to inspection and review by GDC. Neither the sender nor the receiver has an expectation of privacy in any of these communications.**

2. **Possessing and using the tablet is a privilege and not a right.** The following may result in the permanent loss of all GOAL Device or Kiosk privileges:

   a. Damaging and/or tampering with any GOAL Device. This could also result in an obligation on the offender's trust account for the amount of the device.

   b. Loss of the GOAL Device by an offender will result in an obligation made on the offender's trust account for cost of the device.

   c. Misuse of the offender GOAL Device.

   d. Misuse of the offender Kiosk.

   e. Use of another offender's kiosk account for any reason or allowing the use of one's own kiosk account by another offender for any reason.

   f. A finding of Guilty for Disciplinary Charges for Drug(S), Cellphone(S), Weapon(S), And Assault(s) of any kind related to the use of GOAL Device.

3. Times for use and activities permitted on the GOAL Device for offenders in isolation/segregation or Tier will be restricted to only those times authorized by the Warden or Superintendent. The Device may only be used for Education and/or Programming purposes.

4. The offender's assigned GOAL Device will transfer from GDC facility to GDC facility with the offender.

5. Offenders experiencing issues with their GOAL Device within the Warranty period (180 days beginning upon receipt of device) must report their issue directly to vendor via the Kiosk.

Offender's Signature: _____

Staff Witness's Signature: _____

Retention Schedule: This form shall be placed in the offender's institutional case file and maintained according to the retention schedule for that file.