



GOAL Device Disposition Form

Property Manager: _____
Disposition Date: _____
Offender Name: _____
GDC Number: _____
Tablet Serial Number: _____

____ I would like to retain my GOAL device and have it sent to my home

ATTENTION

STREET ADDRESS

CITY, STATE & ZIP CODE

____ I affirm I do not wish to keep my GOAL device

Offender's Signature

Property Manager's Signature