## **Resident Agreement for Cellular Telephone Privileges**

I _	understand that being allowed to have a cellular telep	
anc	cell phone) in my possession is a privilege and not a right. I agree to abide by the following and rules posted by the Superintendent or Designee. I understand that my failure to do so esult in my cell phone privilege being revoked.	
1.	. I shall abide by all rules governing my privilege to carry a cell phone while incarcerate this Transitional Center.	ed at
2.	. Other residents are not allowed to use my cell phone.	
3.	. Cell phones may not be sold or purchased between residents.	
4.	Neither the Transitional Center nor its staff will be responsible for any damage, loss, the replacement, or repairs for any reason of any resident's cell phone. I may be responsible payment for any damage, loss, theft, replacement, or repairs.	
5.	. I will notify my counselor or shift OIC immediately, if my cell phone is lost, stoler disconnected for any reason.	n, or
6.	. I shall abide by the rules of my employment regarding cell phone use at my jobsite.	
7.	. Georgia Department of Correction staff and any other law enforcement agency have authority to confiscate, search, track, and/or obtain any information concerning resident phones.	
8.	. The cell phone and service will be provided by GDC, and no other phones are authorized	<b>1</b> .
9.	If, for any reason, I am transferred to another facility, returned to prison, or have my priv to possess a cell phone revoked, GDC will retain custody of the cell phone. The cell pmay be sent to another TC if I am transferred for a 2nd chance or non-disciplinary reaGDC will retain custody of the cell phone upon my release.	hone
	My signature below indicates that I have read, understand, and agree to the above terms.	
	Resident Signature Date	
	Witness Signature Date	

Record Retention: Upon completion, this form shall be placed in the resident's institutional file and retained according to the retention schedule for that file.