# REQUEST FOR INMATE-TO-INMATE CORRESPONDENCE

**Date:** _____

**To:** **Superintendent/Sheriff** _____

_____

**Institution**

**From:** **Superintendent/Sheriff** _____

_____

**Institution**

**Re:** **Our Inmate:** _____ **Commitment #:** _____

**Your Inmate:** _____ **Commitment #:** _____

I have approved our inmate's request dated_____, to correspond with an inmate from your facility for the following reason, and I am forwarding this request to you for your consideration:

_____ Immediate Family Member (Circle appropriate relationship):

Husband, Wife, Mother, Father, Sister, Brother, Son, Daughter

_____ Pro Se Legal Action (inmates are co-plaintiffs or co-defendants in legal action in which both inmates are representing themselves)

Court and case no.: _____

**TO BE COMPLETED BY RECEIVING FACILITY SUPERINTENDENT/SHERIFF**

_____ Request Approved

_____ Request Denied for the Following Reason(s): _____

_____

_____

Superintendent/Sheriff Date

_____

Institution

**COMMONWEALTH OF MASSACHUSETTS** Attachment B
**DEPARTMENT OF CORRECTION**
**DISAPPROVED CORRESPONDENCE/PUBLICATION AND CONTRABAND NOTICE**

**Intended Recipient**

| Name of Recipient | Inmate Number (if applicable) | Institution |
|---|---|---|
| Address – Street or P.O. Box | City | State and Zip Code |

**Sender**

| Name of Sender | Material Sent (name and date of correspondence/publication) | Institution (if applicable) |
|---|---|---|
| Address – Street or P.O. Box | City | State and Zip Code |

**Non-Delivery Information**

| Date Item Postmarked or Date Item Received | Item Rejected for Delivery (letter, package, magazine, book, etc.) |
|---|---|

**Reason(s) for Disapproval/Non-Delivery**

Item(s) fall as a whole or in significant part into any one of the following categories:

_____Transmittal of plans for, or the introduction of, contraband into the prison
_____Plans for criminal activity or any activity which violates any departmental or institutional rule, regulation, order or policy
_____Written in code
_____Threatening or harassing correspondence including the sending of sexually explicit material to unwilling recipients
_____Correspondence containing unsanitary or hazardous material (i.e., feces, insects, dirt, debris)
_____Extortion demands
_____Sending cash, drugs, jewelry or other contraband outside the prison
_____The recipient has previously requested not to receive correspondence from the inmate pursuant to 103 CMR 481
_____Improper or no return address
_____Depicts or describes procedures for the construction of weapons, ammunition, bombs, or incendiary devices
_____Depicts, describes or encourages methods of escape from correctional facilities or contains blueprints, drawings or similar descriptions of any correctional institution within the Commonwealth.
_____Depicts or describes procedures for the brewing of alcoholic beverage(s), or the manufacture of drugs
_____Depicts, describes or encourages activities that may lead to the use of physical violence or group disruption
_____Encourages or instructs in the commission of criminal activity
_____Sexually explicit pictorial material or material that features nudity. * Per 103 CMR 481.13(3)(c) it is the Deputy Superintendent's decision as to whether or not a publication should be excluded.
_____Per 103 CMR 481.13(3)(b) The Deputy Superintendent of the Treatment Center, with the approval of the Commissioner, may exclude additional types of material that may interfere with the treatment and rehabilitation process at that institution.
_____Item(s) not authorized by 103 CMR 403, *Inmate Property* Policy.

| Signature of Institution Staff Member | Date Signed |
|---|---|

**** IMPORTANT** PLEASE NOTE: IF YOU DISPUTE THIS DECISION, YOU HAVE THE RIGHT TO APPEAL TO THE SUPERINTENDENT BY SUBMISSION OF A WRITTEN APPEAL WITHIN 7 DAYS OF RECEIPT OF THIS NOTICE.**

THIS ALSO SERVES AS YOUR INITIAL CONTRABAND NOTIFICATION UNDER 103 CMR 403.15 FOR THE ABOVE REFERENCED ITEM(S).

*Distribution: Original – Deputy Superintendent Copy – Property Officer Copy – Inmate*