



# Privileged Visitor Tablet/Laptop Policy and Agreement

Connecticut Department of Correction

CN 100604  
REV 10/01/18

Facility:		Date:		
Visitor Name:		Title:		
Name of Organization associated with:				
Inmate Name(s) being visited (Use additional form if necessary):		Inmate Name	Inmate Number	Housing
	1.			
	2.			
	3.			
	4.			

Purpose for Laptop/Tablet:	

	Agreement Terms	Visitor Initials
1.	I hereby acknowledge that I am being permitted to bring my Tablet/Laptop into a Connecticut Department of Correction facility under the below mentioned conditions.	
2.	Under no circumstance am I to connect to the internet while I am inside of Department of Correction	
3.	I am to use my tablet/laptop within a Department of Correction facility solely for professional purposes related to my representation of my client.	
4.	I am not to permit my client or any inmate to have direct or unsupervised access to the tablet/laptop	
5.	I am not permitted to make or accept phone calls from my tablet/laptop while within a Department of Correction facility or to allow my client to make or accept phone calls from my tablet/laptop	
6.	I am not permitted to wear in any electronic device, smart watch, Fit Bit © or any communication device.	
7.	I understand that any violations of the above conditions will lead to my tablet being considered contraband. This will result in me being barred from Department of Correction property, will be reported to the Office of Chief Disciplinary Counsel for possible disciplinary action, and may result in criminal charges.	

Visitor Signature:	Date:
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