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NOTICE TO INMATE OF DISAPPROVAL & APPEAL/WAIVER FORM
(This notice should be used when the publication is disapproved by the facility but is NOT already on the Master List of Disapproval Publications. It should be sent to the inmate within seven (7) working days of receipt of the publication/material).

TO: [Redacted]
(Inmate Name & Number)

DATE: 6/12/2018

FROM: Stephen C. Jacobs, Correctional Facility Superintendent III
(Warden/Superintendent/Designee)

RE: Under Lock & Key
(Disapproval of Publication/Material)

X Your publication/material, Under Lock & Key May/June 2018, No. 62, has been received. I have reviewed this publication and determined that it violates Division of Prisons policy section D.0109 (f) and is disapproved for the reason listed. Therefore, I am disapproving possession of this publication. **Please note the pages listed for disapproval may not be the only pages in the material that violate North Carolina Division of Prisons policy; however, any violation is grounds for disapproval of the entire publication.**

If you appeal, your publication will be forwarded to the Publication Review Committee and you will be notified of their decision, normally within forty-five (45) days of the date you submit this form. If you wish to appeal to the Publication Review Committee, you must submit this form within three (3) working days of the date shown above.

Listed below are the options available to you in this matter.

Yes, I choose to appeal.

If you select this option, the items(s) described above will be forwarded to the Director's Publication Review Committee for final review. You may attach additional sheets to explain your appeal or you can use the space below.

Same publication been received for years & has never been refused before. Same mission description

If you appeal and your appeal is denied, at that time you will be given the choice to have the publication mailed to a different address or destroyed.

No, I choose NOT to appeal, (Failure to indicate a choice will be considered a choice NOT to appeal).

If you choose NOT to appeal, do you choose to have the disapproved publication mailed to a different address or destroyed? (If you do not indicate a choice or if you do not submit this form within three (3) working days of the date shown above, the publication will be destroyed).

Mailed: I would like to send the publication to the address I have indicated. I am aware that the cost of this mailing must be paid from my funds. (Name and address)

Destroyed

Inmate Signature: [Redacted]

Date Received: 6/12/18

Staff Signature: [Signature]

Date Inmate Received: 6/12/18

cc: Inmate Copy

Facility File

Publication Review Committee File