MAIL ITEMS REJECTION FORM

TO SENDER: __________________________ Date:

FROM: Mail Inspector: Facility/Center

SUBJECT: Offender:
A. The item(s) of mail is being returned/ held for you for the reason(s) indicated:

( ) Contains or depicts sexually explicit materials or gang related paraphernalia.

( ) Unauthorized currency (personal checks or cash, checks, debit cards, credit cards, pre-paid or stored value cards, any type of account numbers, any type of digital/electronic currency or money orders)

( ) Depicts Brewing of alcoholic beverages, or the manufacture of drugs or other unlawful substances or depicts the use of alcohol or drugs

( ) Depicts the construction of weapons, the use of weapons and material that depicts violence and causes disruption of facility/center security.

( ) Prior approval has not been issued to inmate for:

( ) Contains Stamps.

( ) Other:

B. Offender Appeal for Rejection of Publication (see section VI.J of SOP) [state reason for appeal of rejection]:

________________________________________    ____________________________________________

(Offender)                                       (Mail Inspector)

If items are being held, you have 30 calendar days to do one of the following:

( ) Arrange to have the items picked up. Advise the Property Room Office of the name of the person who will pick up the items and the date they will be picked up.

( ) Provide $_____ for return mail.

If you do not choose either option within 30 days, the items will be destroyed or donated to charity.

Copy: offender

Retention Schedule: Upon completion, this form shall be placed in the offender’s case history file.