

ADMINISTRATIVE POLICIES AND PROCEDURES

State of Tennessee Department of Correction

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of

Distribution: A

Index #: 208.01

Supersedes: 208.01 (3/1/20)

Approved by: Lisa Helton

Subject: INMATE TRUST FUND ACCOUNTS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-604, TCA 4-3-606, TCA 40-24-107, TCA 40-25-130, TCA 40-25-143, TCA 40-28-201, TCA 41-21-216, TCA 41-21-512, TCA 41-6-105, TCA 41-6-106, and TCA 41-21-901 through 911.
- II. PURPOSE: To maintain a cashless inmate economy through the use of an inmate trust fund.
- III. APPLICATION: To all institutional employees, inmates, and privately managed institutions.

IV. **DEFINITIONS:**

- A. Central Trust Fund Administration (CTFA): Department of Finance and Administration Correction Central Accounting Staff located in the Tennessee Department of Correction (TDOC) Central Office who are responsible for the administration of the trust fund account.
- B. Government Check: Any check or warrant from a city, municipality, county, state, or federal government.
- C. Inmate Trust Fund: The account established for an inmate into which he/she can deposit and withdraw his/her personal funds.
- D. Manager: For purposes of this policy, Wardens, Superintendents, or Directors.
- E. Strategic Technology Solutions (STS): A division of the Tennessee Department of Finance and Administration responsible for managing and operating the IT and support functions of the TDOC.
- F. Third-party Vendor: Company contracted to provide inmate fund receipt and release card services for the TDOC.
- G. Trust Fund Custodian: An employee designated by the manager to maintain the trust fund account.
- V. POLICY: The TDOC shall maintain all inmate monies in a trust fund account.

VI. PROCEDURES:

- A. Receipts processed at the institution shall be handled as follows:
 - 1. The use or possession of cash, credit, debit, or rebate cards, or tokens of any kind by inmates is prohibited, except for those inmates specified in Section VI.(D)(5) of this policy. Each inmate shall surrender all monies in his/her possession to the manager or designee.

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- 2. When a government, private business check, or money order is received for an inmate, the mailroom staff will write a receipt in accordance with Policy #202.04. Personal checks or third-party checks will not be accepted.
- 3. No money intended for an inmate's trust fund shall be accepted at the institution except for the following reasons:
 - a. Money orders for payment of fees.
 - b. Checks from private businesses (subject to verification).
 - c. Checks from government entities (subject to verification).
 - d. Funds in possession of inmate at admission (subject to related policies).
 - e. If the third-party vendor systems are inaccessible for more than three business days, money orders will be accepted at the institution until such time as the third-party vendor system becomes accessible.

A copy of the receipt will be given to the inmate at the time of receipt unless the check is to be verified under Section (4) below. For all checks to be verified under Section (4), the receipt will be held by the Trust Fund staff until the check is verified. A copy of the receipt will be sent to the business office along with the check, warrant or money order and any supporting documents received. A copy of the receipt will remain in the receipt book in the mailroom. The trust fund staff will assure that all receipts are completed in their entirety. Before the receipt book is filed for audit purposes, the trust fund staff will review and sign off on the receipt book.

- 4. All government check(s) except from correctional facilities, county jails, and/or contracted vendors when inmates are transferred into TDOC from a county jail or correctional facility will be held until the issuing agency/business verifies that the payment is legitimate and due to the inmate. Checks shall be scanned and sent via e-mail to the CTFA for verification utilizing Private & Government Trust Fund Check Verification Form, CR-4000. If CTFA is able to determine a verification of a recurring check, CTFA will notify the institutional trust fund office and subsequent checks may be deposited without additional verification.
- 5. All private business checks, cashier's checks, or money orders of \$1,000 or greater must be held, scanned, and sent to the CTFA for verification utilizing Private & Government Trust Fund Check Verification Form, CR-4000, until verified as legitimate and due to the inmate.
- 6. If it is not possible to scan and e-mail the check(s), they may be sent via facsimile. If checks are sent via facsimile, an e-mail should be sent informing the CTFA staff that a check is being faxed for verification.
- 7. The institution should wait at least 15 days before contacting the CTFA to check on the status of checks. The CTFA will make a follow up contact to attempt to verify the check. If no response is received within 15 days of follow-up contact, the CTFA will instruct the institution trust fund staff to deposit the check or money order.

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8. A log shall be kept at both the CTFA and institutions of all the checks which have been verified. This log shall include the Inmate's Name, TDOC ID, Issuer's Name, Check Number, Amount, Date Received, Date verified, and the name and contact information of the person who verified the check.

B. Receipts collected by an approved third-party vendor shall be handled as follows:

- 1. Inmate receipts may be accepted by the approved vendor in any one of the following methods:
 - a. Money orders mailed to a P.O. Box provided by the vendors.
 - b. Credit and debit card payments made on-line via the vendor's secure website.
 - c. Credit and debit card payments made via the vendor's toll-free customer service line.
 - d. Credit and debit card payments made via the vendor's mobile application.
 - e. Payments made at select retail outlets who subcontract with the vendor to accept payments.
- 2. The vendor shall have the responsibility to assure that the payment references a valid TDOC ID.
- 3. In the event that no matching TDOC ID is found, the vendor shall produce an error message and attempt to resolve the error.
- 4. If the error cannot be resolved, the vendor shall deny the payment and, if possible, notify the sender.
- 5. If the payment is acceptable, the vendor shall transmit a daily Automated Clearinghouse (ACH) transaction to the account and in the manner set forth by the Treasurer of the State of Tennessee.
- 6. The vendor shall also transmit a daily file to STS, in a format approved by the department. The file shall contain details of all transactions processed by the vendor for TDOC.
- 7. STS staff shall upload the inmate transactions from the vendor into the offender management system (OMS).
- 8. An exception report shall be produced when the quantities and amounts transmitted by the vendor do not agree to the quantities and amounts received by TDOC. All exceptions shall be resolved within 24 hours of receipt.
- 9. Each institution shall reconcile the detailed transaction report provided by the third-party vendor to the Bank Deposit transaction report (MKN) from Document Direct daily.

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10. On a monthly basis, the CTFA shall reconcile the aggregate of all transactions recorded by Treasury via the ACH process and all transactions recorded in OMS for vendor activity. Any variances and exceptions shall be researched and corrected.

C. Deposits shall be made as follows:

- 1. The business office receives the money order from the mailroom and scans it into iNovah. As the document is being scanned, the printer will restrictively endorse the money order. Staff enters the money order into OMS, and a deposit is prepared.
- 2. Bank deposits shall be made according to Finance and Administration Policy 25 except for checks, warrants, or money orders received for inmates. Inmate receipts will be deposited within five business day.
- 3. The prepared deposit shall be sent to the bank along with the money orders. A certificate of deposit will be scanned when it is returned from the bank via iNovah and the deposit will then be submitted.
- 4. Private institutions should scan and e-mail the Certificates of Deposit (CDs) to the CTFA for entry into iNovah no later than the following business day. CDs should be sent for all days when inmate funds are deposited. No inmate deposits should be made on the last business day of the month. On the last working day of the month, a list of all CDs for the month shall be sent to CTFA by noon. The CTFA must have all private institution CDs entered in iNovah by the first working day of the following month.

D. Withdrawals from the trust fund shall be made as follows:

1. Withdrawals may be made from an inmate's account without consent if the withdrawal is allowed by policy, statute (including but not limited to levied Criminal Injuries Compensation Fees and Litigation taxes when a certification has been received from the court and court costs imposed against the inmate and paid by the state), or court order. The CTFA will enter those court costs paid by the State on OMS (screen LCDU, code STA). Notification of such withdrawals shall be made to the inmate.

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| Fee Type | Amount | Policy Authority |
|--------------------------------|--------------------------|-------------------------|
| Birth certificate | \$15.00 | 511.08 |
| Class A D-board | \$5.00 | 502.02 |
| Class B D-board | \$4.00 | 502.02 |
| Class C D-board | \$3.00 | 502.02 |
| Copies | \$0.15 | 216.01 |
| DNA | \$37.00 | 113.92 |
| Driver license | Actual Cost | 511.05 |
| Electronic monitoring (work | \$3.80 per day / \$26.60 | 208.02 |
| release program) | Weekly | |
| Emergency medical co pay | \$5.00 | 113.15 |
| Fail to pick a specialty meal | \$5.00 | 116.01 |
| Inmate photo | \$2.00 (tax included) | 510.01 |
| Inmate TDOC ID card | \$5.00 | 506.13 |
| Keys | Actual Cost | 208.05 |
| Medical – Self-injurious | Actual Cost | 113.15 |
| Medical co pay | \$3.00 | 113.15 |
| Notary | \$1.00 | 202.05 |
| Positive drug test | \$18.00 per drug found | 506.21 |
| Postage | Actual Cost | 507.02 |
| Refusal of specialty services/ | \$10.00 | 113.15 |
| appointments | | |
| Refusal to take drug test | \$25.00 | 506.21 |
| Room and board (work | 35% of weekly pay not | 208.02 |
| release program) | to exceed \$20 per day | |
| | and minimum of \$10 | |
| | per day (Exception | |
| | deduction cannot | |
| | exceed 75% of weekly | |
| | take home pay) | |
| State ID card | Actual Cost | 511.05 |
| Stop payment | \$15.00 | 208.01 |
| Transportation (work release | 2.50% | 208.02 |
| program) | | |
| Wrist bands | \$15.00 | 506.13 |

- 2. Withdrawals other than those for Vendor Media Kiosk Account transfers and those mandated by policy shall be requested in writing by the inmate.
 - a. These requests shall be made by using the Personal Withdrawal Request, CR-2626; Commissary Order, CR-3344; or an acceptable alternative developed by the institution (TDOC facilities shall refer to Policy #209.02 for further instructions). All withdrawal requests must be signed by the inmate with proper signatory approvals. Unsigned withdrawal requests, except fee for services requests as described in Fees from Inmates for Services, Policy #208.05, will not be processed.
 - b. The personal withdrawal request shall be forwarded to the trust fund custodian after being signed (not stamped) by a witness and the Warden or designee.

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After processing, the original of the request form shall be returned to the inmate. A copy of the request will be maintained in the trust fund office, whether the request is approved or denied.

- c. Personal withdrawals may only be made payable to inmates' immediate family members or for other legitimate verifiable reasons. (See Visitation, Policy #507.01 for definitions of immediate family.) The verification of legitimacy shall be supplied by the inmate and approved by the Warden or designee. Transfer of funds to an incarcerated (TDOC) member of the inmate's immediate family may be approved by the Warden of the institution in which the receiving family member is incarcerated.
- d. The status of a specific check should not be requested until the check is 30 days old. Exceptions may be granted in unusual circumstances.
- e. An inmate may request that a stop payment be placed on a check that has been issued from his/her trust fund account. Justification must be sent to the CTFA from the trust fund custodian as to why the stop payment is needed. If approved, the inmate will be charged \$15.00 for this service. A withdrawal will be processed from the inmate's trust fund account and placed in a trust fund organization account called "stop payment". Once a month, these funds will be transferred to the State of Tennessee General Fund by the CTFA.
- 3. The following priorities for withdrawals shall apply to inmates participating in a work release program:
 - a. Specific court orders and deductions allowed by statute applicable to a specific inmate.
 - b. Room and board, electronic monitoring, and other costs TDOC facilities will refer to Policy #208.02 for further guidance.
 - c. Necessary travel expenses to and from work and associated incidental expenses.
 - d. Weekly draws attributable to work related expenses. Phase III participants at transition centers may request up to \$60 be loaded onto a verified release card by trust fund staff through the third-party vendor. The balance of the release card shall not exceed \$180 at any time. A signed and approved withdrawal request shall be completed for the amount of each reload. Prior to the reloading the card, the vendor shall be contacted to obtain the current balance unless the institution has access to the vendor's website to verify the card balance online. The cards shall be loaded and reloaded in accordance with the release card sections of this policy using the Third-party Vendor website.

The participant with the assistance of the counselor should refer any questions about the use or operation of the release card to the third-party vendor utilizing the toll-free number found on the back of the release card.

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e. Support of dependents, if any, in amounts fixed by the designated institutional work program coordinator.

Payment in full or ratably of obligations acknowledged in writing by inmate:

- (1) Monthly contributions to the Criminal Injury Compensation Fund (CICF) should be made according to Policy #513.01. The money shall be credited to the CICF organization account within the trust fund. Privately managed facilities will comply in accordance with their policy and contractual requirements.
- (2) Supervision and Rehabilitation Fees should be deducted according to Policy #513.01. The money shall be credited to the Supervision and Rehabilitation organizational account within the trust fund. Privately managed facilities will comply in accordance with their policy and contractual requirements.
- f. Other amounts owed the TDOC.
- g. Other requested personal withdrawals.
- 4. CTFA shall follow these procedures for fees collected by the institutions with work release programs:
 - a. On the first workday of each month, the funds shall be deducted from the Supervision and Rehabilitation and CICF organization accounts of the inmate trust fund.
 - b. A reallocation journal voucher shall be prepared to transfer the funds from the inmate trust fund to the department revenue accounts of the appropriate allotment codes and to the Department of Treasury for the Criminal Injuries Compensation Fund as follows:
 - (1) Department 313030362 Criminal Injuries Compensation Fund
 - (2) Department 3291300100 Supervision and Rehabilitation Fund (DJRC)
 - (3) Department 3294700100 Supervision and Rehabilitation Fund (MCCX)
 - (4) Department 3291600100 Supervision and Rehabilitation Fund (MLCC)
- E. On a monthly basis, the CTFA shall perform the following tasks to reconcile the Trust Fund account:
 - 1. Reconcile the issues and cancels reports transmitted to Treasury to the issues and cancel JVs entered into Edison. Make any corrections as needed.
 - 2. Ensure that all regular trust fund JVs and Inter-unit JVs have been posted correctly.
 - 3. Prepare a monthly reconciliation between the trust fund balance per the MKJ report and the Edison account balance in the trust fund account.

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- F. A trust fund account balance report shall be generated daily and reviewed for negative balances. Appropriate corrective action shall be taken for inmates with negative account balances. The report and documentation of corrective action taken shall be retained for audit purposes.
- G. All checks that have been outstanding for six months shall be added back into an inmate's account by the institution. The CTFA will provide relevant data on a quarterly basis.
- H. If an inmate is transferred to another state facility, the sending facility shall provide a set of complete documents supporting the balance of any outstanding obligations of the inmate to the receiving facility. The receiving facility will be responsible for the administration of the account.
- I. In the event of an inmate's death, the Warden's/Superintendent's designee of the facility where the inmate was housed regardless of where the inmate was assigned will contact the family and forward the Trust Fund Estate Settlement, CR-3618.
 - 1. Upon receipt of the completed CR-3618 and after the subsequent payroll has processed, the trust fund custodian will send a scanned copy of the form via e-mail to the CTFA. If scanning is not possible, a facsimile may be used.
 - 2. A check shall be generated to the "Estate of (Inmate Name)" in care of executor with the address provided above.
 - 3. The CTFA will mail the check to the address provided and retain a copy of the check with the Trust Fund Estate Settlement, CR-3618. CTFA will email a copy of the check with receipt date and date mailed to the institution.
 - 4. If the form is not returned within 30 days, the trust fund custodian will notify CTFA by electronic mail and provide the last known address listed on OMS for family contacts and/or emergencies. The funds will then be moved to the Unclaimed Organization account.
 - 5. In the event an inmate has less than \$5.00 at the time of death and is not expected to receive additional funds, an obligation may be issued payable to the inmate and mailed to the last known address/emergency contact on file. It is not necessary to send the Trust Fund Estate Settlement, CR-3618, in this instance.
 - 6. Upon written request of the executor of the inmate's estate, a portion of the deceased inmate's estate may be used to cover the cost of shipping the deceased inmate's property to the deceased inmate's family. The trust fund custodian will contact TDOC help desk to temporarily reactivate the inmate's trust fund account. The agreed upon shipping costs should be deducted from the deceased inmate's trust fund and placed in the Miscellaneous Revenue ORG account. Funds remaining after paying the shipping costs shall be processed as per the provisions of this policy.
- J. Upon release, and after subsequent payrolls have been processed, the trust fund custodian shall notify the appropriate court(s) of the amount of CICF, State Recovery of Court Costs (STA), Litigation Taxes, and Sex Offender Tax that was originally owed, the amount collected, and the balance of the amount still owed.

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- K. After an inmate is released, the fiscal director or designee shall use the approved vendor system to load the balance of the inmate's trust fund account to a release card after deducting any and all outstanding obligations. Release money due to the inmate (See Policy #511.03) shall be issued to the inmate via a petty cash check
 - 1. Within 24 hours of the discovery of needed corrections or additional funds received after an inmate release card has been processed, the institution trust fund staff shall utilize the vendor system to adjust or reload the release card. The institution staff will enter the release card modification entry in OMS. RDB should be used for any additions, while ADJ code shall be used for any reductions.
 - 2. All release card modifications will be reconciled on the following business day to ensure third-party vendor transactions and OMS transactions are in balance. This reconciliation shall be completed using the Third-party Daily Reconciliation, CR-4003. If the reconciliation contains an unresolved discrepancy, CTFA must be notified by the next business day.
 - 3. Release cards are subject to a minimum balance of \$5.00 and a maximum balance of \$5,000.
 - a. A release card may be issued for less than \$5.00 if an inmate is expected to receive additional funds (such as for inmate pay) after which the card total will be equal to or greater than \$5.00.
 - b. When initially loading a release card in the third-party vendor website, institutional staff will be prompted to enter:
 - (1) Offender Name
 - (2) Offender's TDOC ID Number
 - (3) Release Package Identification (RPID)
 - (4) Date of Birth (DOB)
 - (5) Total amount to be loaded on the Release Card
 - (6) Social Security number for the card. This shall allow all cards to be verified. Institutional staff shall receive real-time confirmation of verification. (Please use the social security number as listed in OMS). Even if the number in OMS appears to be a "dummy" number, i.e., 999-99-9999, institutional staff must still key that number. If, and only if the social security field in OMS is blank, "123-45-6789" must be entered. This shall allow institutional staff to complete the load process, but the card will not be verified. Do not use "123-45-6789" if there is a social security number listed in OMS. If an inmate has over \$2,500 in his/her trust fund account, institutional staff shall initially load the card for total balance up to \$5,000. If the load was not successful, institutional staff will load only \$2,500. The remaining balance should be paid via Release Warrant (RLW).

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- 4. If an inmate has less than \$5.00 at the time of release and is not expected to receive additional funds after release, the inmate may donate the funds in his or her account to a qualified 501(c)(3) organization with approval from the Warden/Superintendent and fiscal director. The personal withdrawal request shall be made payable to the Inmate Charitable Donations Organization Account and specify the 501(c)(3) organization. If the inmate does not wish to donate his or her funds, a release check will be issued and mailed to the forwarding address provided by the inmate.
- 5. When an inmate is released on a commitment detainer, a trust fund check may be issued for the balance of an inmate's account and mailed to the last known address of the offender. A check shall not be issued when an inmate is released on any other type of detainer.
- 6. When monies are received for and/or remain in the account of an inmate after release, if possible, funds will be added to the inmate release card issued to the inmate within 24 hours. Otherwise, the monies must be paid via a Release Warrant (RLW) and mailed to the last known address of the inmate.
- 7. Trust/Fund Checks returned "undeliverable" shall be cancelled and the funds placed in the unclaimed organization account. The CTFA will transfer the funds at the appropriate time to the Department of Treasury, Unclaimed Property Division.
- 8. The Third-party Release Card Control Log, CR-4002, shall be maintained for all inmate release cards received from the third-party vendor. Upon receipt of a new batch of cards, the card numbers shall be logged. Upon issuance of a release card to an inmate, the log shall be updated to include the date of issuance, the inmate's name and TDOC ID number, and the amount of the funds added to the card.
- 9. On a daily basis, CFTA staff shall credit ORG00926 (Vendor Release Cards) for the total released card credits per the Vendor Bank Report. On a monthly basis, the vendor shall submit an invoice for the total trust fund money issued on release cards for the month. This invoice must be reconciled to the Vendor Bank Report for Release Cards for the month. Detailed explanation for any differences must be provided by the vendor. Central Trust Fund staff shall be responsible for verifying the totals of the invoice prior to payment. The invoice shall be paid via an obligation issued from the OMS after the invoice total is reconciled to DCCO ORG00297.
- 10. If access to the Trust Fund portion of the third-party vendor system needs to be added, modified, or deleted, then a request shall be sent to the Central Office Trust Fund who will contact the vendor. The request shall include the Name, RAC-F ID, and e-mail address of the person needing access.
- L. When a check that is issued to an inmate after his/her release remains outstanding for a period of six months, the inmate's funds shall be transferred to the unclaimed organization account. The CTFA will transfer the funds at the appropriate time to the Department of Treasury, Unclaimed Property Division.
- M. When an inmate remains on "escape" status and monies remain in the trust fund account for a period of six months, the inmate's monies shall be transferred to the unclaimed

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organization account. The CTFA will transfer the funds at the appropriate time to the Department of Treasury, Unclaimed Property Division.

- N. To retrieve the funds transferred to the Unclaimed Property ORG account in Sections VI.(I) and (K) above, the following procedures shall be followed:
 - 3. Requests to withdraw (return) inmate funds transferred in VI.(I) shall be submitted in writing to the fiscal director of the institution where the inmate is housed or from which he/she was paroled. These requests will be forwarded to the CTFA.
 - 2. OMS entries shall be made to Debit the Unclaimed Organization account and Credit the Inmate's Trust Fund account.
 - 3. To claim inmate funds transferred to the Department of Treasury, Unclaimed Property Division, the inmate will be required to file a claim with that division.
- O. Trust Fund organization accounts will be established for purposes specified in other sections of this policy and for specific special use purposes. The following guidelines shall be followed in establishing and managing trust fund organization accounts:
 - 1. New trust fund organization accounts must be set up in OMS by Central Trust Fund Administration (CTFA) staff.
 - 2. Requests for new trust fund organization accounts shall be requested via e-mail by the Trust Fund Custodian who shall send a copy of the Trust Fund Organization Account Add-Change-Inactive form, CR-3998, to the Bi-Central Trust Fund group e-mail account. The institutional fiscal director shall be copied on the e-mail.
 - a. Requests for new trust fund organization accounts shall include the name of the proposed trust fund organization account, the intended purpose of the trust fund account, and source and use of funds.
 - b. Requests for new trust fund organization accounts established for inmate organizations shall be signed by the fiscal director, verifying the inmate organization meets all the requirements of Policy #503.01.
 - c. Requests for new trust fund organization accounts that will maintain a reserve balance shall include the intended reserve balance as well as a specific plan for how any excess funds will be handled.
 - d. The use of generic trust fund organization accounts is not permitted. Examples: Holding Account or General Account.
 - 3. A trust fund organization account will be established for inmate photographs.
 - a. Any costs for processing inmate photographs shall be paid from this trust fund organization account based on the same criteria as the Department of General Services' purchasing regulations.
 - b. On a monthly basis, funds in excess of those needed to cover costs associated with inmate photographs will be transferred by the trust fund custodian to the miscellaneous revenue organization account.

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- 4. Trust fund organization accounts for incentive programs, donation programs, and other special projects shall be distributed as appropriate. Any excess funds should be cleared immediately (i.e., as additional donation, tip, refund to participants, or being moved to the trust fund interest organization).
- 5. Trust fund organization accounts used for the accumulation of specific miscellaneous revenue sources shall be cleared to the Miscellaneous Revenue Organization Account on or before the last day of each month by the institutional trust fund staff.
- 6. All trust fund organization accounts shall be reviewed monthly by the fiscal director or designee. If the trust fund organization account is no longer needed, the trust fund custodian shall send a copy of the Trust Fund Organization Account Add-Change-Inactive Form, CR-3998, to the BI-Central Trust Fund group e-mail account. The institutional fiscal director shall be copied on the e-mail. The trust fund organization account shall be cleared and CTFA will modify the description to indicate that the trust fund organization account is inactive.
- 7. Trust Fund organization account descriptions shall not be changed except to reflect a name change of the related inmate organization. Change requests should be sent to CTFA using Trust Fund Organization Add-Change-Inactive form, CR-3998. Inactive trust fund organization accounts shall not be renamed and used for a new purpose.
- P. Interest earned from trust fund investments will only be utilized to pay expenses of maintaining the trust fund account, to purchase recreational supplies that directly benefit the majority of the inmate population, and to offset printing costs associated with the inmate newsletter. No interest money earned from trust fund investments will be utilized to purchase recreational equipment (i.e., weights/weight machines, backboards, table saws for arts and crafts, etc.) Exemptions to this will only be granted by the Commissioner/designee.
 - 1. The earned funds shall be maintained by each facility and the CTFA as an organization account within the trust fund. The CTFA will distribute interest earnings into the trust fund organization accounts quarterly based on the average number of inmates for each facility.
 - 2. The manager shall approve all purchases prior to the obligation of funds.
 - 3. The fiscal officer shall ensure that all appropriate accounting procedures are followed.
 - 4. All purchases shall require bids based on the same criteria as purchasing regulations.
 - 5. Goods and services shall be paid for by check made payable to the vendor, supported by vendor's invoice. A check shall not be made payable to cash or an employee.
 - 6. Within ten working days after the end of the quarter, the fiscal director or designee shall sign a written status report including beginning balance, deposits, withdrawals, and ending balance of the interest account using Inmate Trust Fund Interest Account Quarterly Status Report, CR-4004. For all privately managed facilities, the Contract

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Monitor of Compliance (CMC) shall review records to determine if the report is completed quarterly as required. A detailed listing of the goods or services purchased shall be included. This report shall be approved by the Warden/Superintendent or designee and retained for audit and historical reference. The CTFA shall be notified quarterly via e-mail that this report has been completed.

- 7. The Department of General Services, Division of Personal Property Utilization's rules and regulations and Policy #206.01 shall be adhered to when purchasing equipment. Privately managed facilities will comply in accordance with their policy and contractual requirements.
- Q. Inmates shall be allowed to open and maintain savings accounts or legitimate investments, with the earnings accruing directly to the inmate. The inmate must obtain the prior approval of the Warden/Superintendent or designee before a savings account is opened or an investment transaction initiated. Documentation of the Warden/Superintendent or designee approval shall be maintained for audit purposes.
 - Inmates maintaining such savings/investment accounts shall be required to provide a copy of the account transactions and balance to their counselors on a quarterly basis. This information will be documented on OMS conversation LCDG, Contact Note, using code QRFA, and shall include quarterly beginning and ending balances, as well as total deposits and withdrawals from each account during the quarter. Inmates refusing to provide a quarterly copy of account transactions and balances shall be subject to discipline under applicable provisions of Policy #502.05.
 - On a quarterly basis, by the 21st working day following the end of the quarter, the 2. Warden or designee shall report any inmate with a savings or investment account with a balance of \$2,000 or greater including supporting documentation or a memo stating that no inmate had a savings or investment account with a balance of \$2,000 or greater to the Director of Budget and Fiscal Services for review as to the inmate's potential to contribute towards the cost of his/her care in accordance with TCA 41-21-901 through 911. This information shall be submitted using Inmate Savings-Investment Account Memo, CR-4005. This listing will include notations of any inmates who refused to provide the required quarterly documents and the disciplinary action taken. For privately managed institutions, the TDOC Contract Monitor of Compliance will have responsibility for assuring that this information is reported in a timely basis. When an inmate is transferred to another institution, the trust fund custodian of the sending institution shall notify the trust fund custodian of the receiving institution that an outside savings account exists. The last received savings account statement shall be sent from the sending institution to the receiving institution.
- R. Inmates shall not have checking account privileges.
- S. CTFA staff shall conduct a quarterly review of each inmate's trust fund account.
 - 1. When the review indicates the possibility that sufficient assets may exist to allow the state to recover at least 10% of the estimated cost of the inmate's care for a two year period, the Director of Budget and Fiscal Services shall forward an Inmate Financial Status Report, CR-3561, to the fiscal officer of the appropriate institution

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Subject: INMATE TRUST FUND ACCOUNTS

with directions as to completion. If CR-3561 has been completed within the past year, an additional form will not be required.

- 2. Upon receipt of the completed Inmate Financial Status Report, CR-3561, the Director of Budget and Fiscal Services shall prepare a memorandum detailing the results of the trust fund account review and forward it, along with CR-3561, to the Chief Financial Officer for investigation. An inmate shall not be reported more than once per year unless their total assets have increased by 10% or more since the date of the last report.
- 3. When the Chief Financial Officer investigation indicates that the inmate appears to possess sufficient assets to recover at least 10% of his/her estimated cost of care for two years (or total sentence, whichever is less), the Chief Financial Officer shall forward Inmate Financial Status Report, CR-3561, and the results of the investigation to the General Counsel.
- 4. The General Counsel shall provide the information concerning an inmate's assets and potential ability to reimburse the state for at least a portion of his/her care to the State Attorney General's office for action.
- T. On an annual basis during the first quarter of each fiscal year, the Director of Budget and Fiscal Services shall prepare a report to the Commissioner detailing the amount of money collected during the previous fiscal year under the provisions of TCA 41-21-901 through 911.
- U. Upon receipt of information regarding an inmate's potential assets from diagnostic center staff (See Policy #401.02), the Director of Budget and Fiscal Services shall initiate the actions outlined in Section VI.(S) of this policy.
- V. Inmates who have not had a trust fund balance of \$6.00 or more at any time during the pay period will receive a hygiene kit. INFOPAC report BI01MKO, Offenders Eligible to Receive Hygiene Kits, will be available on the 17th day of each month. Inmates listed on this report are to receive their hygiene kit within five working days. Each Warden/Superintendent shall designate staff to distribute the hygiene kits. Upon delivery, this information will be documented on OMS Conversation LCDG, Contact Note, using Code KITI.
- W. When an inmate is within 90 days of expiring his/her sentence and has not had a trust fund balance of six dollars or more in the last three pay periods, the inmate may be eligible to receive assistance from the institution in the form of a state ID or birth certificate upon his/her release. The inmate must complete a withdrawal request for the birth certificate. If the inmate does not have sufficient funds to pay for the birth certificate, funds from the miscellaneous Revenue ORG account may be used. Institutional trust fund staff should attempt to recoup these funds if possible before the inmate is released.
- X. On a daily basis the fiscal director shall ensure the reconciliation of the trust fund daily transaction is completed. The last page of the Trust Fund checklist must be signed and dated by the fiscal director or designee indicating that the report has been reconciled, balanced, and funds were transferred to the appropriate organization accounts. The designee must be an independent employee from the trust fund operation to maintain segregation of duties.

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|-------------------------------------|----------------|------|----|----|----|
| Subject: INMATE TRUST FUND ACCOUNTS | | | | | |

Y. On a weekly basis, STS will send out a report listing all obligations for the week. The Fiscal Director or designee shall review this report for transactions which fall outside the normal scope of business. Any repetitive transactions for the same amount and or made to same person should be investigated for fraud or policy violations. Suspect transactions should be reported to CTFA and to the appropriate personnel with the Office of Investigation and Compliance (OIC).

Z. For institutions utilizing the vendor media kiosk program:

- 1. Eligible inmates can request fund transfers from their institution trust fund account to the Vendor Media Account utilizing the vendor media kiosk.
 - a. Media transfers can be made in increments of 50 cents only.
 - b. The vendor will transfer a file daily to TDOC STS which lists all inmates who have requested a transfer to the vendor media account.
 - c. A return file will be sent daily from TDOC to the vendor indicating which transfer requests have been approved.
 - d. Each day, the vendor will credit the inmate media account for all approved transactions.
 - e. Each day, TDOC shall electronically debit the Inmate Trust Fund account for all approved media accounts.
 - f. Overnight, TDOC shall electronically credit the appropriate organization account established for this purpose for all approved transactions at each institution which posted the previous day.
 - g. Institution Trust Fund staff shall review and verify that all media entries are reconciled to the reports provided through the vendor's website.
- On a monthly basis, the vendor shall prepare and submit an invoice to TDOC Central Trust Fund for all approved media transfers made during the previous month.
 - Central Trust Fund staff shall reconcile the invoice amounts to the Media
 Organization account balances. All differences shall be researched and
 corrected or explained.
 - b. Central Trust Fund staff shall debit each institution Media Account ORG and credit the DCCO Media Account ORG for the reconciled amount.
 - c. Central Trust Fund staff shall request an Obligation from the DCCO Media Account ORG for the reconciled amount of the vendor invoice.
 - d. Central Trust Fund staff shall review the check for accuracy and mail the Obligation to the vendor along with any required or requested documentation.

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|-------------------------------------|----------------|---------------|
| Subject: INMATE TRUST FUND ACCOUNTS | | |

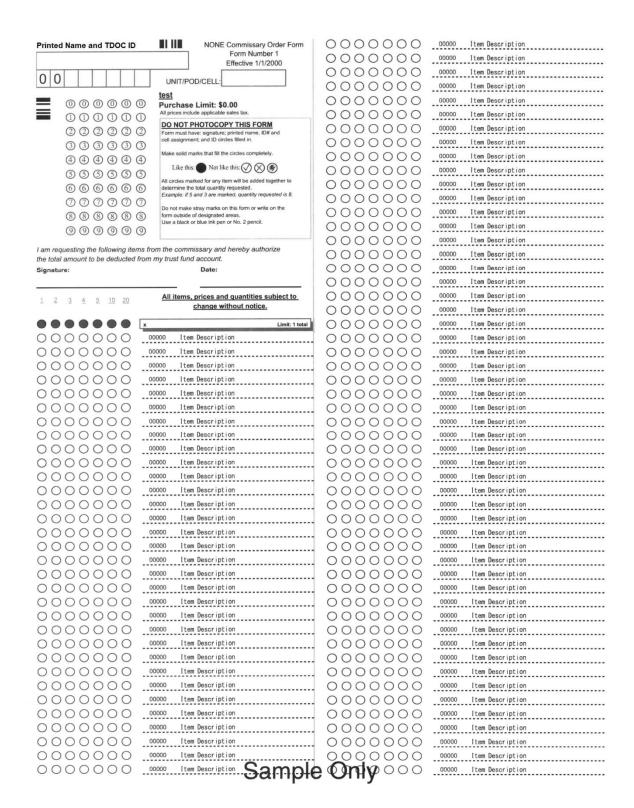
- 3. Unused funds in the Vendor Media Account upon inmate release shall be the responsibility of the vendor. It is the responsibility of the inmate to contact kiosk service provider for a refund.
- AA. As a means of monitoring trust fund compliance, the Chief Financial Officer and/or designee may request certain trust fund reports/memos as needed.
- VII. <u>ACA STANDARDS</u>: 5-ACI-1B-03, 5-ACI-1B-07, 5-ACI-1B-10, 5-ACI-1B-20, 5-ACI-1B-21, 5-ACI-1B-22, and 5-ACI-1B-23.
- VIII. <u>EXPIRATION DATE</u>: February 1, 2025



TENNESSEE DEPARTMENT OF CORRECTION TRUST FUND ACCOUNT PERSONAL WITHDRAWAL REQUEST

INSTITUTION

| \$ | | DATE: |
|---------------------------|----------------------------------------------------|---------------------|
| PLEASE DEDUCT THE FOLL | OWING AMOUNT FROM MY ACCOUNT: | |
| | | DOLLARS |
| THIS CHECK IS TO BE MAIL | ED TO: | |
| | | NAME STREET ADDRESS |
| | | CITY, STATE, ZIP |
| THE PURPOSE OF THIS WIT | THDRAWAL IS: | |
| | | |
| | | |
| | | |
| | | |
| - | INMATE SIGNATURE | TDOCID |
| | INIVIATE SIGNATURE Building: | TDOC ID |
| | Room #: | |
| /ITNESSED: | | |
| PPROVED: YES | □ NO | |
| EASON FOR DENIAL: | | |
| | | |
| WARDEN / | SUPERINTENDENT / DIRECTOR / DESIGNEE | DATE |
| WARDEN | SUPERINTENDENT / DIRECTOR / DESIGNEE | DATE |
| R-2727 (Rev. 9-19) | Duplicate As Needed | |
| | | |
| | TELLIFORE DEDARTMENT OF CORDER | TION: |
| | TENNESSEE DEPARTMENT OF CORREC' TRUST FUND ACCOUNT | |
| AGRICULTURE | PERSONAL WITHDRAWAL REQUEST | • |
| 7796. | INSTITUTION | |
| \$ | ı | DATE: |
| | OWING AMOUNT FROM MY ACCOUNT: | |
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| THIS CHECK IS TO BE MAIL | ED TO: | |
| THIS STILL OF TO BE WINGE | | NAME |
| | | STREET ADDRESS |
| | | CITY, STATE, ZIP |
| THE PURPOSE OF THIS WIT | THDRAWAL IS: | |
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| | | |
| - | INMATE SIGNATURE | TDOC ID |
| | Building: | |
| | Room #: | |
| /ITNESSED: | | |
| PPROVED: YES | □ NO | |
| EASON FOR DENIAL: | | |
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| WARDEN / | SUPERINTENDENT / DIRECTOR / DESIGNEE | DATE |



CR3344(Rev.01-20) RDA11085



TENNESSEE DEPARTMENT OF CORRECTION INMATE FINANCIAL STATUS REPORT

| INMATE NAME: | TDOC ID: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SOCIAL SECURITY NUMBER: | | |
| INMATE ADDRESS (legal residence) | | |
| | | |
| LAST EMPLOYER: ADDRESS: | | |
| ADDRESS. | | |
| The Inmate Financial Responsibility A Department of Correction wherein you a "Assets" include property, tangible or i income or payments from social security wages, bonuses, annuities, retirement be does not include a homestead owned settlement of a claim against the Depart of Tennessee as the result of a civil act found to be liable or money saved by correctional facility. The State of Tennes your care. You may be required to use complete financial information may be determination. | are sentenced may obtain informintangible, real or personal, below, worker's compensation, pension benefits, insurance benefits, or from the pension of the | ation from you regarding your assets. nging to you or due to you including in benefits, previously earned salary or om any other source whatsoever, but ou from the State of Tennessee as gment received by you from the State Correction was named defendant and baid to you while confined in a state to seek reimbursement for the rest of our incarceration. Failure to provide |
| I have the following assets: | Dollar Amount | Location (Specify) |
| Worker's Compensation/Payments | | |
| Retirement Benefits | | |
| Other Pension Benefits (Specify) | | |
| Previously Earned Salary or Wages | | |
| Previously Earned Bonuses | | |
| Annuities | | |
| Bank Accounts | | |
| Stocks or Bonds | | |
| Real Property Other than Homestead | | |
| Other: | | |
| | function and a decrease the conformation are | |
| swear or affirm under oath, that to the best of | my knowledge, the illionnation pro | ovided Herein is complete and accurate. |
| Inmate Signature | | Date |
| Staff Witness TO BE COMPLETE Staff Comments: | D IF INMATE REFUSES TO EXEC | Date CUTE THIS FORM |
| | | |
| | | |
| Staff Signature | | Date |

CR-3561 (Rev. 1-20)



TRUST FUND ESTATE SETTLEMENT

To Whom It May Concern:

| I, | | do hereby state th | at I am the Executor |
|-------------------------|-----------------------------|------------------------|----------------------|
| | Print Name | | |
| of The Estate of | | TDOC ID | |
| and wish for his/her Tr | ust Fund Account be sent to | me at the following ac | Idress: |
| | | | |
| - | | | |
| Signature of E | xecutor or Estate | | |
| | | | |
| Address: | | | |
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| Subscribed and sworn | to in my presence, this | day of | |
| Subscribed and Sworn | to in my presence, tins | day or | |
| | | | |
| | | | |
| Date: | | Signature of | Notary |



TENNESSEE DEPARTMENT OF CORRECTION

Trust Fund Organization Account Add/Change/Inactive Form

| Date of Request: | _ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Institution: | - |
| Name of Requester: | |
| ☐ ADD NEW ORG | |
| Suggested Name for ORG: | |
| Purpose of ORG (How account will be used): | |
| ORG will be Cleared: (Choose one) 1. Monthly (or other Frequency) 2. When Balance Exceeds 3. Upon Completion of Program 4. Never (Funds will be used for Operat 5. Other (Specify) Is this account for an Inmate Club or Organization? Name of Staff Sponsor: | ion of Inmate Organization) Yes No If "Yes", please provide the name of the Staff Sponsor |
| ORG NAME CHANGE Existing ORG#: Reason for change: | |
| ☐ INACTIVE ORG # Reason for inactivity: | |
| | |
| Fiscal Director Approval | Date |

| ATTN: | | TDOC: |
|-------|-------------------|----------------------------------------|
| | TENNESSEE I | EPARTMENT OF CORRECTION |
| | PRIVATE & GOVERNM | ENT TRUST FUND CHECK VERIFICATION FORM |

Subject:

| Request Date | TDOC ID | Name(Last,First,Middle) | Date of Incarceration | Check # | Refund Year/Check Date or Comp Month | Check Amount | Name/Address/Telephone Number of the Issuer of Funds | Status: 1st Attempt | Status: 2nd Attempt |
|-----------------|---------|-------------------------|-----------------------|---------|--------------------------------------------|-----------------|---------------------------------------------------------|------------------------|------------------------|
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CR-4000(Rev.12-19)



Date

| JPay Report Total | | MKN Report Total | |
|--------------------------|------|--------------------------|-----------------|
| Reconciliation Comments: | | Reconciliation Comments: | |
| Adjusted JPAY totals | \$ - | Adjusted MKN Totals | \$ - |
| | | | \$ - Balance |

| Reconciled By: | |
|----------------|--------------------|
| | (Signature & Date) |
| | |
| | |
| Reviewed by | |
| • | (Signature & Date) |

CR-4003 (Rev. 08-16) RDA 1198

| RDB | Contr | ol. | Log |
|--------|-------|-----|-----|
| Instit | ution | : | |



TENNESSEE DEPARTMENT OF CORRECTION THIRD PARTY RELEASE CARD CONTROL LOG

| Month: | | |
|-----------|--|--|
| TTTOTTCT. | | |

| | Card # (RPID) | Card Exp. Date | Inmate Name | TDOC ID | DOB | Trust Fund Activation Amount | Date Issued | Trust Fund Reloaded Amount | Date Reloaded | Trust Fund Reloaded Amount | Date Reloaded | Voided Amount | Date Voided |
|----------------------|------------------|-------------------|-------------|---------|-----|---------------------------------|----------------|----------------------------------|------------------|-------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
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| 5 | | | | - | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | 1 | | | | | | | | | |
| 8 | | | | 1 | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | |
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| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | - | | | | | | | | | |
| 20 | | | | | | | | - | | | | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | |
| 23 24 25 26 | | | | | | | | | | | | | |
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| 9 | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | |

Total Number of Cards 0 Total Activation Amount: 0.00 Total Reload Amount: CR-4002 (Rev. 8-21) Total Voided Amount: 0.00

| Beginning Balance \$0. | | | | | | | |
|------------------------|-----------|---------|--|-------|--------|---------------|--|
| | D | eposits | | | | | |
| | | | | | | | |
| | | | | | \$0.00 | | |
| | | Total | | | | \$0.00 | |
| | Withdrawa | als | | | | | |
| | | | | | \$0.00 | | |
| | | Tatal | | • | | # 0.00 | |
| | | Total | | | | \$0.00 | |
| Ending Ba | alance | | | | • | \$0.00 | |
| Prepared By_ | | | | Date_ | | | |
| Approved By | | | | Date | | | |

CR-4004 RDA 1198



STATE OF TENNESSEE DEPARTMENT OF CORRECTION

, TENNESSEE

TELEPHONE () - □ FAX (**MEMORANDUM** TO: _____ FROM: DATE: _____ SUBJECT: Inmate Savings/Investment Accounts Per TDOC Policy #208.01 Q.1, contact notes regarding savings accounts were entered on TOMIS for inmates with accounts. Per section Q.2, we are submitting the following inmates' names for potential contribution towards their care in accordance with TCA 41-21-901 through 911. These inmates have a savings account balance greater than \$2,000. Copies of their account statements are attached. Inmate name/TDOC# Account Balance The following inmates did not present a copy of their account statements as required per policy and were issued disciplinary action for violation of TDOC/Institutional policy. Inmate name/TDOC# Thank you.

Reviewer