

**STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS**

Inmate Telephone Agreement and Number List

Initial Request

Request for Change

Inmate Name (Last/First): _____ **Dormitory/Bunk #:** _____

DC #: _____ **Date:** _____

Last 4 digits of Social Security #: _____ **Date of Birth:** _____

Telephone Pin Number: _____

Telephone Number	Name of Person	Address	Relationship
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READ INSTRUCTIONS BEFORE COMPLETING THE TELEPHONE AGREEMENT AND NUMBER LIST

1. All requests must list complete telephone number, including area code, first and last name of the person, complete mailing address (including zip code) and the relationship of the person. Personal cell phone numbers will only be permitted pursuant to Procedure 602.013(16)(b)1.d. and (18)f and Chapter 33-602.(2)(a) and (m). Business numbers are not permitted.
2. Each inmate will receive one request to update their list every six (6) months as outlined in the "Automated Inmate Telephone," Procedure 602.013 and Chapter 33-602.205. The only exceptions are those outlined in the above referenced procedure and then only with the required documentation as outlined in Procedure 602.013 (16)(c)(3)(a)(i, ii) and Chapter 33-602.205 (2)(c)(1).
3. Each time this list is submitted, all information must be included for any additions/changes as well as those numbers previously approved that you wish to retain. If only the additions/changes are submitted on the form, those numbers previously submitted and approved will be deleted. If making no changes to your list, write "No Change" on the form, sign, date, and return.
4. All requests must be submitted no later than the last day of the month in which you are designated to request changes. A copy of this list will be sent to you upon approval.

I understand the instructions above and agree that all telephone calls to the above-listed telephone numbers are subject to be monitored and/or recorded.

Inmate Signature

Date

Staff Signature

Date of Approved Recommendation