

4/20/15

BP-9

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Brown, Barrett, L</u>	<u>45047-177</u>	<u>San Antonio</u>	<u>FCI Fort Worth</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

On March 31st, shortly after I used TRULINCS to contact a journalist about BOP wrongdoing observed by another inmate, my messaging access was shut off for a year without explanation. Two days later SIA agent Moore told me I'm not supposed to have it in the first place, in which case it's unclear why it's only been taken away for a year and not for the duration of my sentence, and added that I'd been "using it for the wrong thing," which he clarified to mean talking to the press. Moore does not dispute this account of events, which I put forth in a BPB to which he did not adequately respond. BOP policy requires that inmates receive written notification of specific reasons for loss of TRULINCS e-mail access, or, if such a document might endanger the inmate, he is entitled to review it from his Central File. No such info exists in my Central File. I request that I be provided with that information, along with a copy of the Institution Supplement that the prison is required to provide detailing "Procedures surrounding discipline for misuse of the system," as listed in P4500.11, as well as an explanation as to whether or not the warden or his designee gave approval to Moore on this, as is also required by policy. If the institution is unable to comply, I request that my e-mail be restored and that all staff responsible for removing inmate e-mail be advised on policy in the future.

4/28/15

DATE

SIGNATURE OF REQUESTOR

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C- RECEIPT

CASE NUMBER: _____

Return to: _____	_____	_____	_____
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____