

Media Source Agreement

Date: _____

Time: _____

Attorney Name (Print): _____

Contact Information

(Address & telephone #): _____

Email address: _____

Detainee Name (Print): _____

KCDF Staff (Print): _____

Court case number: _____

I certify that all the information provided on this media source pertains only to discovery in this current court case. I will either personally deliver the media source or send the media source to KCDF Wardens Office through the U.S. Postal Service or the U.S. Marshal's Service. I understand the media source will be secured by KCDF staff and reviewed only for security reasons (to detect contraband) and only by the Warden in front of the inmate. The detainee can access the media source only during scheduled law library sessions. At no time will the detainee take personal possession of the media source. The attorney of record is responsible for picking up the media source when the detainee no longer needs the information. KCDF staff will notify the attorney within 30 days of the detainee being booked out.

I agree to the terms of this procedure.

Attorney signature: _____

Detainee signature: _____

KCDF signature: _____

Deputy Marshal signature: _____