

Minnesota Department of Corrections
Delegation Authorization

MCF- _____

Date: _____

Type of Delegation: Medical Court Other _____
 Deathbed/Funeral/Wake (attach narrative if required by warden)

Last Name First Name MI OID Custody Level Living Assignment

Appointment Date/Time: _____

Destination (name, address, phone): _____

Depart Date/Time: _____ Return Date/Time: _____

Date/Time of Transfer to Another Agency: _____ Agency Name: _____

Staff originating Request: _____

Reason for Request: _____

Certified Court Order Verified:

Name/Signature of Verifier: _____

Security/Medical Concerns and Special Instructions: _____

Office of Special Investigations (OSI):
 All applicable information provided No information available

Law Enforcement contacted, name/phone of person contacted: _____

Approved Disapproved

Captain/Designee

For Deathbed/Funeral/Wake or Private Medical Delegation only
 Approved Disapproved

Warden/Designee

Offender Search Conducted by:

Departure (printed & signature) Return (printed & signature)

Restraints

Applied by (printed & signature) Removed by (printed & signature)

Property: _____
Staff securing property Location of property

Transporting staff: _____ Car assignment: _____

- Distribution (check all that apply and make appropriate number of copies)
- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Base File | <input type="checkbox"/> Transport Officer(s) | <input type="checkbox"/> Control Center | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Watch Commander | <input type="checkbox"/> Intake | <input type="checkbox"/> Count Officer | <input type="checkbox"/> Truck Gate |
| <input type="checkbox"/> Incarcerated Person Control Officer | <input type="checkbox"/> Health Services | <input type="checkbox"/> Financial Services | |