MINNESOTA DEPARTMENT OF CORRECTIONS
PROPERTY DISPOSITION RECORD

Incarcerated Person Name: _____ OID Number: _____ Date: _____
Living Unit: _____ Cell Room/Number: _____
Confiscated by: _____
Staff print name ***Staff signature***

Describe Items Removed, Identify By Color, Make, And If Possible By Serial Number.

QTY	ITEMS & DESCRIPTION	Reason	*	X	Shipped	Disposed

You have 30 days to respond regarding disposition. If you do not, the item(s) will be donated, disposed of, or destroyed.

Items marked with an * presented an immediate sanitation, safety, or security threat and were immediately disposed of.
Items marked with an X are not allowed to be shipped out of the facility and will be disposed of in 30 days.

Important Notice: If you choose to dispute this decision, you may appeal to the Property Supervisor within 10 working days of receipt of this notice. The appeal must include a copy of this form. A second appeal may be requested in writing to the AWA within 10 working days of receipt of the Property Supervisor's response with a copy of this form. The AWA's decision is final.

AGREEMENT: I hereby request the following disposition of my property as listed:

☐ Ship out (to be paid by any funds in my account).

Insure? ☐ Yes – Insure for $ _____ ☐ No

☐ Dispose of. Property staff make the final disposition determination of any personal item that is disposed of: donated, recycled or discarded.

STAFF USE ONLY-CHARGES
SHIPPED DATE: _____
INSURANCE: _____
HANDLING FEE:_____
STAFF SIGNATURE:_____
STAFF PRINTED NAME:_____

Name: (Ship to):
_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Offender Signature: _____ Date: _____

Signature and Printed Name of Staff Person Authorizing Shipment:
_____

Distribution: Original – File
2 copies – Incarcerated Person (Incarcerated Person: return 1 copy to property indicating disposition)