Minnesota Correctional Facility-_____

Incarcerated Person Intake Inventory Record

Incarcerated Person Name:_____ OID #:_____ Date:_____

PSI Hold: ☐ ICC Incarcerated Person:☐ Former state OID#:_____

Inventoried by:_____ _____

Staff Print Name Staff Signature and Date

Allowable items w/incarcerated person

_____Dentures-full/partial **Yes/No**
_____Eyeglasses/Contacts: **Yes/No**
_____Ring-plain band/no stones **Yes/No**

Allowable items to property

_____Address book (1) no metal spiral
_____Legal papers (CDs, DVDs, flash drives not allowed)
_____Photos (must meet DOC criteria; 20 loose photos max.)
_____Spiritual Care items (no more than 5)_____

Items to other departments

_____**Heath Services:** Hearing Aid(s), Medical Brace(s), medications, walking aid(s)
_____Other:_____
_____**Records:** (circle) State ID, Driver's License, Passport, Birth Certificate, SS card, tribal ID
_____**Finance:** check/cash $_____
_____JPAY/GTL card _____

Items needing further disposition: Offender will choose to ship or dispose, indicated by (S) or (D)

_____Jacket/Coat_____
_____Pants_____
_____Shirt(s)_____
_____Shoes_____
_____Wallet_____
_____Undergarment(s)_____
_____Other_____
_____Other_____

_____Bracelet(s)_____
_____Earring(s)_____
_____Necklace(s)_____
_____Ring(s)_____
_____Watch(s)_____
_____Other_____

_____Cell Phone_____
_____Credit/Debit Card(s)_____
_____Purse_____
_____Other_____

Miscellaneous:_____

_____

NOTICE TO INCARCERATED PERSON:

You have 30 days to respond regarding disposition. If you do not, the item(s) will be donated, disposed or destroyed.
Items marked with an * present 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.

AGREEMENT:

I hereby request the following disposition of my property as listed:
_____Ship out (take funds from my account)
_____Insure for $_____
_____Dispose: (Property staff make the final disposition determination of any incarcerated person's personal item – donate, recycle, discard)

Staff Use Only –Charges
Shipped Date_____
Insurance_____
Handling Fee_____
Staff Signature_____
Staff Printed Name_____

Name (Ship to):_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Incarcerated Person Signature:_____ Date:_____

Staff Signature: _____ Staff Print Name:_____

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