

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)  
 Base File  Transport Officer(s)  Control Center  Case Manager  
 Watch Commander  Intake  Count Officer  Truck Gate  
 Incarcerated Person Control Officer  Health Services  Financial Services