

**OKLAHOMA DEPARTMENT OF CORRECTIONS
AUTHORIZATION TO APPLY
RESTRAINTS TO A PREGNANT INMATE**

Date: _____

Time: _____

Authorization is requested to place restraints on _____
Inmate Name and DOC Number

Purpose of Restraints: _____ External Transport _____ Internal Facility Escort

Expected date and time of restraints: _____ from _____ am/pm to _____ am/pm

Restraints Requested: _____ Handcuffs (front only) _____ Belly Chain _____ California Cuffs

Restraints are needed for the following reason(s): _____ To prevent self-injury _____ Documented escape risk
_____ To prevent injury to others _____ To prevent injury to unborn child

Please describe recent documented specific behavior(s) which support the reason(s) checked above:

Requested by: _____
Chief of Security or Deputy Warden

Authorization to place inmate in restraints is granted. Yes _____ No _____

Restraints approved: _____ Handcuffs (front only) _____ Belly Chains _____ California Cuffs

Authorization expires at: _____

| | | | |
|---------------|-----------|-----------------------------|-----------|
| Medical Staff | Date/Time | Facility Head (or designee) | Date/Time |
|---------------|-----------|-----------------------------|-----------|

Post Application of Restraints

Restraints removed by: _____
Name/Title

at _____
Date/Time

Medical Assessment conducted by: _____
Name/Title

on _____
Date/Time