

STATE OF FLORIDA

DEPARTMENT OF CORRECTIONS

AUTHORIZATION FOR DISPOSITION OF MAIL AND PROPERTY

_____ Location

I hereby authorize the Secretary of the Department of Corrections, or his authorized representative to open and examine all mail matter and express and other packages, which may be directed to my address, and to sign my name as endorsement on all checks, money orders, or bank drafts, for deposit to my credit in the Inmate's Trust Fund. The authority granted herein to continue in full force and effect so long as I am an inmate of any correctional facility of the State of Florida.

I further agree that during the period of my incarceration or in the event of my release or escape, the above designated official, or his authorized representative, is authorized to apply any moneys on deposit to my account in the Inmate's Trust Fund, to any indebtedness that I owe the Department of Corrections or any correctional facility thereof. In case of my escape, any remaining funds or deposit to my account in said Inmate's Trust Fund, shall be forwarded to the person designated on my notification record and in case such person cannot be located after reasonable effort, such funds shall be deposited to the Dormant Inmate Fund Account, located in the Central Office in Tallahassee. I further agree that my personal clothing and any personal articles belonging to me shall be returned to the person designated on my notification record within thirty (30) days at no expense to the Department. If after a reasonable attempt has been made to locate him or her but to no avail, I authorize the Department to dispose of my property in the following manner:

- 1. Donate to charity
- 2. Destroy

I understand that in the event of my death during the period of my incarceration, all real and personal property belonging to me and under the custody or control of the Department of Corrections or any correctional facility thereof, including all funds in my account in the Inmate's Trust Fund, shall be distributed in accordance with Law. Property remaining unclaimed will be disposed of as provided in the paragraph above.

Dated this ____ day of _____, 20 ____

_____ (Institution)

, Florida.

_____ (Location)

(Signed)

Name and Number

I hereby certify that the above and foregoing was read and fully explained to me by an official of this institution whose signature is affixed below, and that I signed same voluntarily.

(Signed)

Name and Number

I hereby certify that the above and foregoing was read and fully explained to the above-named inmate before he or she signed the same, and that he or she signed the same voluntarily in my presence this _____ day of _____.

(Signed)

Record Clerk

Signed in the presence of:

Witness

Witness