

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

AUTHORIZATION FOR USE OF FORCE

Institution/Facility:

Inmate Name:

Inmate Number:

Justification for Use of Force:

Individual Authorizing Use of Force

(Print or Type Full Name)

Title of Authorizing Individual

Signature

Date Force was Authorized

Date Force was Used

Individual Receiving Use of Force Authorization

(Print or Type Full Name)

Title of Individual Receiving Authorization

Signature

Individual Using Force

(Print or Type Full Name)

Individual Using Force

(Print or Type Full Name)

Individual Using Force

(Print or Type Full Name)

(Use additional sheets if necessary)