

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
REPORT OF APPLICATION OF  
RESTRAINTS TO A PREGNANT OFFENDER**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Restraints were placed on \_\_\_\_\_  
Offender Name and DOC Number

Restraints Applied: \_\_\_\_\_ Handcuffs (front only) \_\_\_\_\_ Belly Chain \_\_\_\_\_ California Cuffs

Restraints were needed for the following reason(s): \_\_\_\_\_ To prevent self-injury \_\_\_\_\_ Documented escape risk

\_\_\_\_\_ To prevent injury to others \_\_\_\_\_ To prevent injury to unborn child

Describe the specific behavior(s) that warranted the application of restraints:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restraints Applied by: \_\_\_\_\_  
Name/Title

on \_\_\_\_\_  
Date/Time

---

Post Application of Restraints

Restraints removed by: \_\_\_\_\_  
Name//Title

at \_\_\_\_\_  
Date/Time

Medical Assessment conducted by: \_\_\_\_\_  
Name//Title

on \_\_\_\_\_  
Date/Time

---

The completion of this form becomes a reportable incident with an Attachment H being submitted according to OP-050108.

Original: Warden  
Copy: Offender Medical Record

DOC050108A (12/13)