

CONTRABAND/EVIDENCE TAG (Circle One)

Control Log Reference Number _____

Number of Items Tagged _____

Description of Items _____

Precise Location Where Item was Seized _____

Nature of Crime/Reason for Seizure _____

Date Item was Seized _____ Time Item was Seized _____

PRINTED NAME and SIGNATURE of Person Who Seized Item:

PRINTED NAME

SIGNATURE

DEFENDANT/ACCUSED INFORMATION

Name DOC # Housing Assignment

Name DOC # Housing Assignment

If Other than Inmate/Offender: _____
Name DOB Social Security #

Address (City, State, ZIP)

Witnesses (if any)

PRINTED NAME and SIGNATURE of Reporting Officer Completing This Form:

PRINTED NAME

SIGNATURE

CHAIN OF CUSTODY

Contraband/Evidence Received By: _____

Contraband/Evidence Received From: _____

Date: _____ Time: _____

Contraband/Evidence Stored At: _____

Contraband/Evidence Received By: _____

Contraband/Evidence Received From: _____

Date: _____ Time: _____

Contraband/Evidence Stored At: _____

Contraband/Evidence Received By: _____

Contraband/Evidence Received From: _____

Date: _____ Time: _____

Contraband/Evidence Stored At: _____

Contraband/Evidence Received By: _____

Contraband/Evidence Received From: _____

Date: _____ Time: _____

Contraband/Evidence Stored At: _____

Contraband/Evidence Received By: _____

Contraband/Evidence Received From: _____

Date: _____ Time: _____

Contraband/Evidence Stored At: _____

Contraband/Evidence Received By: _____

Contraband/Evidence Received From: _____

Date: _____ Time: _____

Contraband/Evidence Stored At: _____