

Case Number:

EVIDENCE CHAIN OF CUSTODY

Date/Time Seized: _____
Location of Seizure: _____
Submitting Agent: (Name/ID#) _____
Submitting Agent Contact: (Phone#/Email) _____
Name of Subject: _____
Reason of Seizure: _____

Description of Evidence		
Item #	Quantity	Description of Item (Model, Serial #, Condition, Marks, Scratches)

