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)					

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Chain of Custody							
Item #	Date/Time	Released by (Signature & ID#)	Received by (Signature & ID#)	Comments/Location			

Final D	isposal Authority					
Authorization for Disposal						
Item(s) #: on this document pertaining to is(are) no longer needed as evidence and is/are au Return to Owner Auction/Destroy/Diver Name & ID# of Authorizing Officer:	thorized for disposal by (check	appropriate				
Witness to Destruction of Evidence						
Item(s) #: on this document were destroy in my presence on (date)						
Name & ID# of Witness to destruction:	Signature:		Date:			
Releas	e to Lawful Owner					
Item(s) #: on this document was/were rel to	eased by Evidence Custodian					
Name	City:	 State:	7in Code:			
Telephone Number: () Under penalty of law, I certify that I am the lawful ov						
Signature:	Date:					
Copy of Government-issued photo identification is o	uttached. 🗆 Yes 🗀 No					
This Evidence Chain-of-Custody form is	to be retained as a permanent	record by th	e Agency.			