DIOCESE OF DES MOINES

EVIDENCE CHAIN OF CUSTODY TRACKING FORM

Submitting Employee:

Item:

Seized from employee (if applicable):

Date/Time Seized: Location of Seizure:

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

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

EVIDENCE CHAIN-OF-CUSTODY TRACKING FORM
(Continued)

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

Final Disposal Authority

Authorization for Disposal

Item(s) #: _____ on this document pertaining to):_____

_____

is(are) no longer needed as evidence and is/are authorized for disposal by (check appropriate disposal method)

☐ Return to Owner ☐ Auction/Destroy/Divert

Name of Authorizing Employee: _____

Signature: _____Date: _____

Witness to Destruction of Evidence

Item(s) #: _____ on this document were destroyed by Evidence Custodian:

_____ID#:_____ in my presence on _____.
Date

Name of Witness to destruction: _____

Signature: _____Date: _____

Release to Lawful Owner

Item(s) #: _____ on this document was/were released by

Evidence Custodian: _____

To:
Name:

Address:

City: State: Zip:

Telephone Number:

Under penalty of law, I certify that I am the lawful owner of the above item(s).

Signature: _____Date: _____

Copy of Government-issued photo identification is attached ☐ Yes ☐ No

This Evidence Chain-of-Custody form is to be retained as a permanent record by the Diocese of Des Moines.