

**CONTRABAND/EVIDENCE TAG
FRONT**

Type: Contraband Evidence

Control Log Reference Number: _____

Number of Items Tagged: _____

Description of Items: _____

Precise Location Where Item was Seized: _____

Nature of Crime/Reason for

Seizure: _____

Date/Time Item was

Seized: _____

Person Who Seized Item:

Printed Name

Signature

Defendant/Accused Information

Inmate(s)/Offender(s):

<u>NAME</u>	<u>ODOC #</u>	<u>HOUSING ASSIGNMENT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Non-Inmate(s)/Offender(s):

<u>NAME</u>	<u>DOB</u>	<u>SSN</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Witnesses (if any):

Reporting Officer Completing This Form:

Printed Name

Signature

