**Des Moines Diocese  
EVIDENCE CHAIN OF CUSTODY TRACKING FORM**

Submitting Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seized from employee (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time Seized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location of Seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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) | **Received by** (Signature) | **Comments/Location** |
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**EVIDENCE CHAIN-OF-CUSTODY TRACKING FORM   
(Continued)**

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| **Chain of Custody** | | | | |
| **Item #** | **Date/Time** | **Released by** (Signature) | **Received by** (Signature) | **Comments/Location** |
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| **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 Code: \_\_\_\_\_\_\_\_\_\_ 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 Des Moines Diocese.** |
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