

**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):

NAME

ODOC #

HOUSING ASSIGNMENT

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

NAME

DOB

SSN

ADDRESS

Witnesses (if any):

Reporting Officer Completing This Form:

Printed Name

Signature

[illegible]

(R 01/22)