

**VERMONT DEPARTMENT OF CORRECTIONS
 CONTRABAND/CRIMINAL PHYSICAL TAG AND CHAIN OF CUSTODY**

Facility/Field Site: _____

Classification of contraband/criminal physical evidence: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Weapon
<input type="checkbox"/> Drug/drug paraphernalia
<input type="checkbox"/> Alcohol (commercial or home-made)

<input type="checkbox"/> Other | <input type="checkbox"/> Currency (money or other commodity of exchange)
<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug Testing Specimen |
|---|---|

Brief description of item or substance and any identifying mark(s):

Location found/confiscated: _____

By: Staff name _____ Date/Time _____

Owner: Name _____

Signature of Confiscating Staff Date

 Supervisor's Signature Date

Chain of Custody – Contraband/Physical Evidence (signature required & legible printed last name)

From – Staff Name	To – Staff Name	Date/Time	Reason / Disposition
Print:	Print:		
Sign:	Sign:		
Print:	Print:		
Sign:	Sign:		
Print:	Print:		
Sign:	Sign:		
Print:	Print:		
Sign:	Sign:		
Print:	Print:		
Sign:	Sign:		