



OFFICE OF JUVENILE JUSTICE
Evidence Property Receipt
IS Case # _____

Receiving Unit: (i.e. Investigative Services)		Location of Receiving Unit: (i.e. BCY)	
Name/Title of Person from Whom Received:		Name/Title of Recipient:	
Phone # of Facility: ()		Location Where Item was Obtained: (be specific)	
Purpose for Which Obtained: <input type="checkbox"/> Evidence <input type="checkbox"/> Found <input type="checkbox"/> Contraband <input type="checkbox"/> Other			
Date Item Obtained: (mm/dd/year)		Time Item Obtained: (am/pm)	
Item Obtained:	Quantity Obtained:	Item Description: (Model #, Serial #, Identifying Marks, Condition, etc.)	
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