EVIDENCE/PROPERTY TRANSFER/DISPOSAL

Community Corrections Officer | Unit number | Incident #, if applicable

Supervised individual | DOC number | Date of birth

Item #	Quantity if applicable	Date in/out	From	To	Custodian name and signature	Purpose

Signatures are required if property is being returned or released. Community Corrections Supervisor approval is required for destruction of evidence/property.

Received by | Signature | Date

Property released by | Signature | Date

CCS/designee | Signature | Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Evidence Custodian **COPY** - Imaging System, Field File