Department of Corrections WASHINGTON STATE

Evidence case number: _____

EVIDENCE CARD

NAME	DOC NUMBER	ASSIGNED CELL

Date evidence found: _____ Time: _____ Location: _____

Owner, if known: _____

Description of evidence: _____

_____

_____

_____

Reporting employee/contract staff	Signature	Date
Shift Commander/designee	Signature	Date

CHAIN OF CUSTODY - NAME AND SIGNATURES REQUIRED			
From	**To**	**Date**	**Time**

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 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Attach to evidence