Utah Department of
Health & Human Services
Juvenile Justice & Youth Services

Evidence Release and Transfer Form

Episode Number:

Circle Type: Evidence Confiscated Recovered Found Stored Lost

Name: Facility: Date & Time:

Location where items were:

Item #	Quantity	Property Description

Chain of Custody

Item #	Date	Released by (name, title)	Received by (name, title)	Purpose

Final Disposal Action/Authority

Item(s):

Is/are no longer required and may be disposed of as indicated above.

X	
Name and Title	Date
X	
Witness Name and Title	Date