

## BRAZORIA COUNTY SHERIFF'S OFFICE NON-NARCOTIC EVIDENCE SUBMISSION FORM

<b>OFFENSE:</b>			<b>OFFENSE DATE:</b>			<b>CASE #:</b>		
<b>OFFENSE LOCATION:</b>			<b>VICTIM(S):</b>					
<b>SUSPECT(S):</b>						<b>BIO</b> = Biohazard, <b>FP</b> = Process for Fingerprints, <b>DNA</b> = Process for DNA, <b>S</b> = Store, <b>R</b> = Return, <b>D</b> = Destroy		
ITEM #:	QUANTITY:	DESCRIPTION OF EVIDENCE:	BIO	FP	DNA	S	R	D
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COLLECTING OFFICER:</b>				<b>BADGE #:</b>		<b>DATE:</b>		<b>TIME:</b>

### CHAIN OF CUSTODY:

ITEM #:	DATE:	TIME:	FROM (PRINT/ BADGE #/SIGN OR EVIDENCE LOCKER #):	TO (PRINT/BADGE #/SIGN OR EVIDENCE LOCKER):

**PROPERTY RELEASE:** I, the undersigned Receiver, claim this as being my property, or claim I have received permission from the owner of said property to receive said property, and I further hereby release the Brazoria County Sheriff's Office of any and all responsibilities of said property:

Date/Time: \_\_\_\_\_ Receiver's Printed Name: \_\_\_\_\_ Receiver's DOB: \_\_\_\_\_

Receiver's Address: \_\_\_\_\_ Receiver's DL/ID #: \_\_\_\_\_ Receiver's Phone #: \_\_\_\_\_

Receiver's Signature: \_\_\_\_\_ Deputy's Signature: \_\_\_\_\_ Deputy's Badge #: \_\_\_\_\_

**INSTRUCTIONS ON HOW TO COMPLETE THE BRAZORIA COUNTY SHERIFF'S OFFICE NON-NARCOTIC EVIDENCE SUBMISSION FORM:**

**OFFENSE:** The title of the highest offense in the case. If listing multiple charges, list them in descending order of severity.

**OFFENSE DATE:** The date the offense was committed. If unknown or if over a range of dates, list the first date of possible occurrence from your report.

**CASE #:** The BCSO case number generated for the case. If a case number exists for an outside agency, you may list the other agency's case number above this box in the upper right hand corner of the page. If submitted from an outside agency without a BCSO case number, leave this section blank as BCSO-ID may generate a BCSO case number for an agency assist report.

**OFFENSE LOCATION:** The location where the offense was committed. If committed in multiple places, list the location of the believed start of the criminal episode.

**VICTIM(S):** List the victim(s) in the following manner: First Middle Last Names, Race/Biological Sex, Date of Birth

**SUSPECT(S):** List the suspect(s) in the following manner: First Middle Last Names, Race/Biological Sex, Date of Birth

**ITEM #:** Give each Item of evidence being submitted a unique alphanumeric designator (For example: 01, 02, 03 or A1, A2, A3 or 1A, 1B, 1C). Note: if Items have been submitted as evidence previously in the case, be sure not to repeat given Item #'s or leave this section blank.

**QUANTITY:** Advise how many pieces of evidence were collected for each Item. If the evidence collected is inside of a container, count the container as well.

**DESCRIPTION OF EVIDENCE:** Be descriptive about the Item including unique characteristics such as the make, model, serial numbers, colors, conditions, and damage.

**BIO (BIOHAZARD):** Check this box if the Item is possibly contaminated with bodily fluids (such as blood, semen, or saliva) or hazardous to health (such as a controlled substance).

**FP (PROCESS FOR FINGERPRINTS):** Check this box if you want the Item processed for friction ridge detail (fingerprints). The processing technique will be chosen by ID unless specifically requested.

**DNA (PROCESS FOR DNA):** Check this box if you want the Item processed for biological profiles (DNA). The processing technique will be chosen by ID unless specifically requested.

**S (STORE):** Check this box if you want the Item stored pending the Court's disposition for the case (Note: Do not check more than one of Store, Return, or Destroy).

**R (RETURN):** Check this box if you want the Item returned to its owner immediately after processing. You must advise ID who the Item needs to be returned to if this box is checked (Note: Do not check more than one of Store, Return, or Destroy).

**D (DESTROY):** Check this box if you want the Item destroyed immediately, or immediately after processing if processing is requested. You should only check this box if there are no criminal charges being filed under the listed case #, or if the Item being submitted is trash where it is determined that, after any requested processing has been performed, no additional Items of evidentiary value were discovered (Note: Do not check more than one of Store, Return, or Destroy).

**COLLECTING OFFICER:** Print and sign your name advising you started the chain of custody for the above listed Items. If from an outside agency, advise which agency you are with.

**BADGE #:** Print your badge number.

**DATE:** Print the date of collection.

**TIME:** Print the time of collection.

**CHAIN OF CUSTODY SECTION:**

**ITEM #:** Advise which Items are being transferred. If all Items are being transferred together, you may advise, "All Items."

**DATE:** Advise the date of the transfer.

**TIME:** Advise the time of the transfer.

**FROM (PRINT/ BADGE #/ SIGN OR EVIDENCE LOCKER #):** Advise from which officer or from which evidence locker the evidence is being transferred (For example: Deputy J. Smith #9999, Central Evidence Locker 14, Central EL 14, or North EL 03).

**TO (PRINT/ BADGE #/ SIGN OR EVIDENCE LOCKER #):** Advise to which officer or to which evidence locker the evidence is being transferred (For example: Deputy J. Smith #9999, Central Evidence Locker 14, Central EL 14, or North EL 03).