DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

COAST GUARD INVESTIGATIVE SERVICE EVIDENCE CUSTODY FORM

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of the following concerning the collection of the information on this form.

Authority: Collection of the information solicited on this form is authorized by 14 U.S.C. §552-532 and 14 U.S.C. §525.

Purpose: To provide commanders and law enforcement officials with the means by which information may be accurately identified.

Routine Uses: The information will be used and disclosed to Coast Guard officials and other agencies for criminal justice and law enforcement purposes.

Disclosure: Furnishing this information is voluntary.

1. Receiving Office	2. Case Control Number (CCN)	3. Evidence Log Type and Number

4. Case Title/Subject

5. Name/Grade/Title of Person From Whom Seized/Received	6. Address (include ZIP)	
Owner ☐ _____ (Name) _____ (Grade) _____ (Title)		
Other ☐ _____ (Name) _____ (Grade) _____ (Title)	7. Work Phone	8. Home Phone

9. Location Where Property Seized/Received

10. Reason Obtained ☐ Evidence ☐ Found ☐ Impounded ☐ Other	11. Time/Date Seized/Received	12. Seized/Received By (Printed Name)

13. Item	14. Quantity	15. Disposal Action (see notes on page 2)	16. Description of Article/Make, Model, Serial Number, Identifying Marks, Condition, Value, Weight, and Evidence Tag Number

17. Name and Signature of Witness	18. Name and Signature of Evidence Custodian
Name: _____	Name: _____
Signature:	Signature:

19. Chain of Custody

Items	Date/Time	Released By	Received By	Purpose
		Name	Name	
		Organization	Organization	
		Signature	Signature	
		Name	Name	
		Organization	Organization	
		Signature	Signature	

19. Chain of Custody (CONT'D)

Items	Date/Time	Released By	Received By	Purpose
		Name	Name	
		Organization	Organization	
		Signature	Signature	
		Name	Name	
		Organization	Organization	
		Signature	Signature	
		Name	Name	
		Organization	Organization	
		Signature	Signature	
		Name	Name	
		Organization	Organization	
		Signature	Signature	
		Name	Name	
		Organization	Organization	
		Signature	Signature	
		Name	Name	
		Organization	Organization	
		Signature	Signature	

20. Final Disposition

Final Disposition Authority

Name (Printed)	Grade/Rank	Organization

Persons Witnessing Destruction (Printed)	Organization	Signature and Date
1.		
2.		

NOTE: You MUST indicate in Disposal Action Column (on front) by two number or letter code, persons receiving or witnessing action and the type of action.

CODES: (R) Person receiving
(1) Returned to Individual Owner
(D) Destroyed
(M) Another method (explain in Remarks section)
(W) Witness to Action
(C) Returned to Command
(A) Turned over to another Agency
(S) Turned into Supply

EXAMPLE CODES:
R1 = person receiving the item was the owner;
WD = person witnessed the destruction of the item;
RC = person receiving item returned it to the command

21. Remarks