

EVIDENCE CHAIN OF CUSTODY

PRIVILEGED AND CONFIDENTIAL

319 N. Washington St. #914 Owosso, MI 48867 • (989) 249-3931 • MI License: 3701-206437

Client Name:		Case Number:			
Client Phone:			Client E-Mail:		
			Collected From Location		
Collected From:			Company:		
Signature:			Address:		
			City, State, ZIP:		
Collected By:					
Signature:			Reason for Collection		
			Analysis		
Date of Collection:			☐ Lockup / Storage		
Time of Collection:			☐ Transfer	☐ Transfer	
			Release to Client		
			Other (Explain):		
ITEM	QUANTITY	NAME AND DESCRIPTION OF ITEM - APPEARANCE, IDENTIFYING MARKS, CONDITION, AND VALUE WHEN APPROPRIATE			
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ITEM	DATE AND TIM	E RELEASED BY	RECEIVED BY	PURPOSE	
11 - 141	DATE AND THE	Name (Printed)	Name (Printed)	☐ Analysis	
		()	(**************************************	Lockup / Storage	
				Transfer	
		Signature	Signature	Release to Client	
				Other (Explain):	
ITEM	DATE AND TIM	E RELEASED BY	RECEIVED BY	PURPOSE	
		Name (Printed)	Name (Printed)	☐ Analysis	
				Lockup / Storage	
			21	☐ Transfer	
		Signature	Signature	Release to Client Other (Explain):	



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