

OFFENDER PERSONAL PROPERTY INVENTORY

NAME: _____ NUMBER: _____ DATE: _____
REASON FOR INVENTORY: _____ FACILITY: _____

CLOTHING ITEMS (BE SPECIFIC)

TROUSERS _____
SHIRTS _____
SOCKS _____
JACKET _____
SWEATSHIRT _____
CAP _____
BELT _____
HANDKERCHIEF _____
UNDERSHIRTS _____
UNDERSHORTS _____
HOUSECOAT _____
TENNIS/GYM SHOES _____
BEDROOM SHOES _____
DRESS SHOES _____
SHOWER SHOES _____

PAJAMAS _____
SKULL CAP _____

FOOD ITEMS

MISCELLANEOUS

DRINKING CUP _____
SHEETS _____
PILLOW CASES _____
TOWELS _____
BATHCLOTHS _____
BLANKETS _____

PERSONAL GROOMING ITEMS

TOOTHPASTE _____
RAZORS/BLADES _____
SHAMPOO _____
SHAVING CREAM _____
COMB _____
HAIRBRUSH _____
TOOTHBRUSH _____
DEODORANT _____

PERSONAL PROPERTY ITEMS

PHOTO ALBUM _____
PHOTOGRAPHS _____
COUPON BOOK _____
HEADPHONES _____
MEDIA DEVICE (TABLET) _____
PORTABLE MUSIC DEVICE _____
WRISTWATCH _____
JEWELRY _____

REGLIGIOUS MEDAL _____
PAPER/PADS _____
PENCILS/PENS _____
MAGAZINES _____
BOOKS _____
EYEGASSES _____
BILLFOLD (T.C. only) _____
LETTERS _____

LEGAL MATERIALS

This form shall be completed any time an offender's personal property is confiscated or stored for any reason. The form shall also be completed upon offender's arrival at a new institution.

INVENTORY:

Inventory Officer's Signature

Witness' Signature

Offender's Signature

RETURN:

Officer Returning Property

Witness' Signature

Offender's Acknowledgement of Receipt of Property

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file.