

Search and Seizure Report

Community Counseling Services

Rev 01/17

Case Name _____

Case Id# _____

Date _____

Time _____ AM PM

Reason for Search

Description of Search

Type of Search

Person Room Locker Possessions Other _____

Location _____

List of Items Seized and Source(s) of Items

Staff Involvement

Authorized by Supervisory Staff Member or Designee: _____
signature/credential/position title

Conducted By: _____
signature/credential/position title

Other person(s) involved in or witnessing the search (*signature/credential/position title*):

