

SANTA ANA POLICE DEPARTMENT
 Request For Return Of Property
 Evidence Section
 (714) 245-8080

OFFICE USE ONLY
TO: _____
FROM: Evidence Section
CI#: _____

Date of Request: _____

You will be notified the status of your request within 7-10 business days. *If approved, proper identification will be required and property will only be released to the person named on this request.*

****Note: Weapons authorized for release will require original authorization letter from DOJ prior to release.****

REQUESTER INFORMATION <input type="checkbox"/> Spanish Speaker			
NAME		CONTACT PHONE #:	
		EMAIL:	
ADDRESS		CITY	STATE ZIP
INVOLVEMENT: <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Other: _____			
DETAILS OF INCIDENT			
SAPD CASE #		COURT CASE #	
TYPE OF INCIDENT	DATE OF INCIDENT	<input type="checkbox"/> JUVENILE CASE <input type="checkbox"/> SCHOOL POLICE CASE	
CASE DISPOSITION: <input type="checkbox"/> Court Order (Attached) <input type="checkbox"/> Case dismissed/rejected <input type="checkbox"/> Guilty _____ / _____			
<input type="checkbox"/> OTHER:			
DESCRIPTION OF PROPERTY BEING REQUESTED			
EVIDENCE PACKAGE #:		<input type="checkbox"/> Item(s) are not listed in evidence inventory	
ITEM DESCRIPTION:			

For Detective Use Only

-----PLEASE RETURN THIS FORM TO EVIDENCE AFTER THIS SECTION HAS BEEN COMPLETED-----		
THIS REQUEST IS: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (If denied please provide reason)		
REASON:		
SIGNATURE _____	BADGE # _____	DATE _____

For Evidence Use Only

NOTIFICATION MADE BY:	BADGE #:	DATE:
DISPOSITION NOTES:		