

**SAN BERNARDINO COUNTY  
PROBATION DEPARTMENT PROCEDURE**

**Community Corrections Bureau Procedure #97-05-200-C Evidence**

**AUTHORITY:** Raymond B. Wingerd, Chief Probation Officer

**EVIDENCE:**

COMMUNITY CORRECTIONS BUREAU

**On-Site Activities**

Prior to making any contact, if more than one person is present, it should be determined who has responsibility for the contact; thereafter referred to as lead officer.

The lead officer may make assignments to others at the scene to assist in evidence handling, but should keep the number of officers involved in the evidence chain to a minimum.

All money and other evidence seized at different locations during a search will be counted, logged, photographed, and labeled separately. A total count of money located during the search should be established by totaling the separate amounts.

All money confiscated will be counted by no less than two (2) staff independent of each other and receipted in the format per the Department's financial tally sheet. (Attachment "A").

A copy of the receipt of any or all evidence will be provided to the property owners if they are present at the scene, or left in a highly visible location. The receipt will have the name of the defendant, suspect or persons name, date, court number of search warrant number, probation officer's name, probation officer's signature and a witness signature. (Attachment "B")

Money confiscated for asset forfeiture will be handled per Department's Asset Forfeiture procedures. Asset forfeiture disclaimers "Form 90F04," should be requested from all persons at the scene. (Attachment "C")

Evidence labeling, including photographs, will contain date, time, location, client or suspect's name and name of officer who has chain of evidence.

Jewelry will be processed as any other evidence, but must be photographed so as to be identifiable and may be stored in the Department's safe. A receipt will be provided by a representative from accounting.

Logging evidence when retained can be done on a receipt. It is recommended that a series of numbers be applied to persons, 001-099, places 100-199, and vehicles 200-299.

Example 001-099 should be assigned to suspects at the scene and a description of the location of contraband found on the suspect made.

John Doe – (2) small cellophane baggies of white powder/left front pocket/blue jeans – tested – heroin – positive.

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John Doe - \$4,000.00 all \$100.00 dollar bills – right pocket of black and white jacket/suspect wearing jacket.

John Doe - .357 Rugar – blue finish - revolver – number A60616 reported stolen – taken from waist band of jeans – behind suspect's back.

Jack Brown - .25 Caliber Raven Semi-Auto number 4256 – located in right front pocket – reported stolen.

Skip the rest of the numbers and begin with series 100-199 and assign one number to each room of house, i.e.,, 100- living room, 101 – master bedroom, 102 kitchen, 103 middle bedroom, 104 northeast bedroom, 105 dining room, 106 master bathroom, 107 attached garage, 108 yard sheet. Skip the rest of the series and begin a new series on automobiles etc.

Responsibility of the Probation Officer or lead officer:

Manila envelopes or ziplock bags sealed with evidence tape, should be used to package the evidence. Supplies should be kept in the field kits.

Drugs and narcotics will be processed immediately to the San Bernardino Sheriff's Crime Lab procedures.

All firearms will be run through Sheriff's Dispatch and, if retained by the Probation Department, they will be logged and stored in Probation Department's evidence locker per established procedures. An AFS printout must be attached to the weapon prior to storage.

Submit a written incident report to Supervising Probation Officer in cases of property damages, asset seizure, physical restraint, etc.

Prepare necessary documents or court reports within established time frames (procedure 97-05-202-C)

Provide reports to District Attorney, Child Protection Services, other law enforcement agencies or Risk Management, as required.

The officer retaining chain of custody on confiscated money, food stamps, and cashier checks will have the items put in the Probation Department safe on the same day or next work day. A receipt will be provided by a designated person in accounting following a recounting by both parties. The items will be kept securely locked at all times until put in the safe. The removal from the safe for any purpose will require a recounting and receipting process.

Issued by: RAYMOND B. WINGERD, Chief Probation Officer  
Date: November 1, 1997  
Revised November 13, 2002



MICHELLE SCRAY BROWN  
Chief Probation Officer

TRACY REECE  
Assistant Chief Probation Officer

## Ergonomic Evaluation Request

Employee Name:

Unit:

Work site address:

Telephone:

Reason for request:

Prior Ergonomic Evaluation Requests made: YES  NO

If yes,

Date: [Click here to enter a date.](#)

Brief description of reason for prior requests:

Does the employee currently have a Worker's Comp Claim: YES  NO

Supervisor:

Telephone:

Date of Request: [Click here to enter a date.](#)

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### For Safety Officer Use

Actual Date of Evaluation by Risk Management or Designee: \_\_\_\_\_

Modifications Completed: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Tracking #

Probation Department

ORDER #

# STAFF REQUESTS

This form should be used to request services from Facilities Management, Information Services Department (major phone and data installations), furniture, equipment as well as cash or check advances and for trust fund purchases. It should not be used for requests for travel, training, memberships, pagers, etc. Please complete the information requested and obtain appropriate approvals prior to forwarding to Fiscal Services.

NAME (print): \_\_\_\_\_ UNIT/ASSIGNMENT: \_\_\_\_\_

PHYSICAL LOCATION Street \_\_\_\_\_ Floor/Room # \_\_\_\_\_ GRC Code: \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE COMPLETE THE APPROPRIATE SECTION BELOW ONLY**

1. Is this a request for FUNDS? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, list amount: \$ \_\_\_\_\_

b. If yes: Is this a TRUST FUND expenditure? Yes \_\_\_\_\_ OR PETTY CASH expenditure? Yes \_\_\_\_\_ (only check one)

Is this a request for Cash \_\_\_\_\_ OR Check \_\_\_\_\_ (only check one)

If this is a Trust Fund check request for unit incentives, what month? \_\_\_\_\_

Make check payable to: \_\_\_\_\_

c. Is this a request for a check ADVANCE? Yes \_\_\_\_\_ OR REIMBURSEMENT? Yes \_\_\_\_\_ (only check one)

2. Is this a request for MERCHANDISE or Service that you would like to purchase? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes: Is this a request to make a purchase for which the dept. will be billed? Yes \_\_\_\_\_ No \_\_\_\_\_

(Please attach three [3] quotes if applicable.) Est. Cost \_\_\_\_\_

Suggested vendor \_\_\_\_\_

b. Is this a request for merchandise obtained from another county agency? Yes \_\_\_\_\_ No \_\_\_\_\_

(1) Central Stores Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Vehicle Services Yes \_\_\_\_\_ No \_\_\_\_\_

(3) Printing Services Yes \_\_\_\_\_ No \_\_\_\_\_

c. Do you intend to pick up or arrange for the pick up of requested items? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is this a furniture move? \_\_\_\_\_ Telephone related request? \_\_\_\_\_ Computer related request? \_\_\_\_\_ Facilities Mgmt? \_\_\_\_\_

*(Please submit a hand-sketched floor plan denoting the location of the requested telephone or computer request.)*

DESCRIPTION OF ITEM/S REQUESTED ABOVE: (Attach specifications if applicable include SIZE & QUANTITY)

JUSTIFICATION **\*\*Please provide justification, or your request may be delayed.\*\*** (Include minor's name(s) if applicable)

REQUESTOR: I understand that I am responsible for turning in appropriate receipts/invoices after making approved expenditures. Failure to do so within 7 working days may result in not being reimbursed, repayment of an advance, or disciplinary action.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED APPROVALS: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor Signature (Name Printed)

Date: \_\_\_\_\_

Acct. Tech Initials (if applicable) PCS II/SPO Signature (Name Printed)

Date: \_\_\_\_\_

Director Signature (Name Printed)

Date: \_\_\_\_\_