

BP-A402\_CONFISCATION AND DISPOSITION OF CONTRABAND

### CONFISCATION AND DISPOSITION OF CONTRABAND

### U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

\_\_\_\_\_  
Signature/Printed Name of Staff Member Confiscating Property

\_\_\_\_\_  
Institution

1. Name:	2. Register No.:	3. Unit:	4. Date:
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5. The contraband listed below was found in possession of, or in the living quarters of the above named inmate on \_\_\_\_\_ .  
(Make a numerical list of contraband)

6. (To be completed by inmate) I have received a list of those items confiscated as contraband. I claim ownership of the following items (identify by from section 5 above): Nos. \_\_\_\_\_. I am aware that a claim of ownership will not be accepted for any item of government property. With respect to my claimed personal property, I am aware that I have 7 days from receipt of this inventory to provide staff with evidence of my ownership of claimed items.

I, \_\_\_\_\_, received a copy of this inventory on \_\_\_\_\_ .  
(inmate's signature) Date

7. Of the contraband listed in section 5 above, the inmate has established ownership for the following (identify by number from section 5 above):  
Nos. \_\_\_\_\_

Contraband, other than hard contraband, may be mailed at the inmate's expense to a destination of the inmate's choice. The institution may pay for the mailing when the inmate has insufficient funds and no likelihood of receiving new funds. Where the inmate is financially able to pay postage, but refuses, or fails to provide a mailing address for return of the property, the confiscated property will be disposed of through approved means, including destruction of the property.

I have read or had read to me the above information. I request the following action be taken in regards to my contraband property:

a.  I request the property be mailed to: \_\_\_\_\_ . I agree to pay all mailing costs.

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

b.  I request the institution to pay mailing costs. I have insufficient funds in my institution account and do not expect to receive new funds. (The approval of the Warden or designee is required for the institution to pay postage).

Inmate's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

c.  Other (specify, e.g., donate to institution)

Inmate's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

8. The following contraband (identify by number from section 5 above) has been determined to be hard contraband for which no ownership has been established. The contraband has been disposed of by (indicate disposition/reason):

Nos. \_\_\_\_\_

\_\_\_\_\_  
Signature/Printed Name of Staff Member Determining Method of Disposal Date

\_\_\_\_\_  
Signature/Printed Name of Staff Member Disposing of Property Date

\_\_\_\_\_  
When Property is Destroyed, Signature/Printed Name of Staff Witness Date