



NOTICE OF CONFISCATED PROPERTY

State Form 36030 (R3 / 7-99)

ATTACHMENT VI

STATE OF INDIANA
DEPARTMENT OF CORRECTION

Date (month, day, year)

Name of offender	Number	Housing unit
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On the above date, the property described below was confiscated.

Description of property:

Reason for confiscation:

Signature of Confiscating Officer	Shift	Property forwarded to:
Signature of Offender	DOC number	Property referred to:
Signature of Property Room Officer (if applicable)	Date received in property room	

The confiscation of personal property may be challenged in accordance with Department of Correction Policy 00-02-301, "The Offender Grievance Process".

cc: Offender
Housing Unit
Property Room