

Client Name:	Destiny Management Search and Seizure Report
Record #:	

1. Searches include both body checks for bruises and other marks and searches of an individual's possessions and personal space/living areas.
2. The chairperson of the Client Rights/Intervention Advisory Committee must be contacted regarding the search/seizure within 72 hours.

Date: _____ Time: _____ a.m. p.m.

1. Area(s) searched: _____

2. Reason for search and/or seizure: _____

3. Procedures followed in the search: _____

4. Property seized (list and include description as applicable): Not Applicable

5. How was the seized property disposed of? _____

Assessment of client's condition prior to and following search and seizure: _____

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Individuals Notified:

- 1. Name: _____ Title _____
- 2. Name: _____ Title _____
- 3. Name: _____ Title _____
- 4. Name: _____ Title _____

Staff Signature/Position Title/Licensure/Degree

Date

Client Signature

Date

Witness Signature

Date

Qualified Professional/Licensure/Degree

Date