

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

*Miscellaneous Administration  
Order # 5 - April, 1998*

IN THE MATTER OF THE DISPOSAL OF)  
EVIDENCE IN THE CUSTODY OF THE )  
KANSAS BUREAU OF INVESTIGATION)

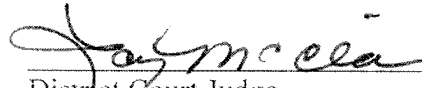
**ORDER ALLOWING DISPOSAL OF EVIDENCE SEIZED**

NOW, on this 13<sup>th</sup> day of April 1998, this matter comes upon the Motion of the State of Kansas for an Order permitting the Kansas Bureau of Investigation (hereinafter KBI) to dispose of evidence held by the KBI. The State of Kansas, for the purposes of this Motion appears by and through Melanie Pfeifer, Assistant Attorney General, there are no other appearances.

THEREUPON, the Court, after being duly and fully advised in the premises, finds as follows:

1. That the items held by the KBI are not to be used in connection with any matter in which future charges will be filed in this or any other Court.
2. That the Court has jurisdiction over said evidence.
3. That such items are not necessary to be maintained as evidence and should be properly disposed of.

IT IS THEREFORE, by the Court, ORDERED that evidence held by the KBI, which is set forth on the attached evidence custody receipt, shall be disposed of by destruction of said evidence.

  
District Court Judge

COMPUTER

CLERK OF DISTRICT COURT  
JOHNSON COUNTY, KANSAS  
APR 13 1998 2:16

SECRETARY 2004/05/13 10:00

# KANSAS BUREAU OF INVESTIGATION FORENSIC LABORATORY

## EVIDENCE CUSTODY RECEIPT

Contributing Agency/Address <u>KBE</u>		Nature of Offense <u>Dealing in Gambling Devices</u>		KBI Case Number <u>3908-191668</u>	
Phone: _____		Victim <u>State of Kansas</u> Last                      First                      Middle		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Send Report To:		Suspect <u>Dold John L</u> Last                      First                      Middle		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Agency Case #	County of Offense <u>Johnson</u>	DOB: _____ SSN/ID: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Agency ORI _____		FOR ADDITIONAL SUSPECTS AND VICTIMS, USE CASE SYNOPSIS AREA ON THE BACK SIDE OF THIS FORM.			

Exhibit Number	Number of Items	EXHIBIT DESCRIPTION	Requested Examination
1		<u>Mr Magic Slot Machine</u>	

IF CHARGES ARE FILED UNDER THE ILLEGAL DRUG TAX STAMP LAW, WEIGHING OR COUNTING MUST BE REQUESTED.

Previous evidence submitted in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No		Brief Case Synopsis (See Back) <input type="checkbox"/> Yes <input type="checkbox"/> No	
any of the items submitted present a safety or a health hazard? (If answer is yes, describe hazard in case synopsis.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Collected <u>04/29/97</u>	Printed or Typed Name of Collector	Written Signature of Collector	