

Date: ____ / ____ / ____

Treasury Agency: _____

Case Number: _____

DEPARTMENT OF THE TREASURY

**Request for Transfer of Property Seized/Forfeited by a Treasury Agency
(For Use By Domestic Law Enforcement Agencies Only)**

For Treasury Agency Use Only

(For Additional Information - See Instructions).

I.

Seizure Number: _____
Seizure Date: ____ / ____ / ____
SAC Office: _____
Case Type: Adoption ____ Joint ____
Discontinuance ____
<i>(Check One)</i>

- All assets transferred must be used for the law enforcement purpose stated in the request.
- Deadline for submission of this request is sixty (60) days following the seizure.
- The requesting agency will be responsible for reimbursing the Treasury Agency its costs and may be responsible for reimbursing the Treasury Agency share.

II. Requesting Agency Name: _____

Address: _____

NCIC Code: | | | | | | | | | |

Contact Person: _____ **Telephone Number:** () _____

III. Asset Requested _____ Other assets in this case. *(Attach list).*

Property Description :

Request Type

Item Cash/Proceeds _____

IV. Specific Intended Law Enforcement Uses:

Salaries Purchase of Equipment Other (Please Explain): _____

Purchase of Vehicles Place Into Official Use _____
(If other than Cash)

V. Contribution (If any answer to A thru E is yes, provide details in Part VI) **Yes** **No**

- | | | |
|---|--------------------------|--------------------------|
| A. Did your agency originate the information leading to the seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Were any other assets seized under state law? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Were extraordinary expenses incurred? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Did your agency supply any unique or indispensable assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are there any assets located in foreign countries associated with this case? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. How many hours were expended? _____ hours | <input type="checkbox"/> | <input type="checkbox"/> |

VI. Additional space for detailed answers *(Indicate Part to which answer(s) apply)*

(If more space is required, use a separate sheet of paper and attach.) Attachment: Yes No

VII. Certifications:

A. The requester certifies that the above information is true and accurate, that the property transferred will be used for the law enforcement purpose stated, and that all monies received pursuant to this request will be deposited and accounted for consistent with applicable Federal, State, and local law, regulations and orders. The requester agrees to report on the actual use of equitably transferred property upon request. The requester understands that if it is unable to pay the necessary fees and expenses at the time of transfer, the asset will be sold and the maximum percent of net sale proceeds will be awarded in lieu of the asset.

Signature / Title

Date

B. As legal counsel, I have reviewed this Request for Transfer of Property Seized/Forfeited by a Treasury Agency and I certify that the contact person identified in Part II has the authority to accept seized/forfeited property and is the official to whom transfer documents and/or money should be delivered. *(Legal counsel certification is not required for Federal law enforcement agencies)*

Signature / Title

Date

Address: _____

Telephone Number:() _____