



Department of Criminal Justice Services
Forfeited Asset Sharing Program
1100 Bank Street-12th Floor • Richmond, VA 23219
804-371-0538 FAX: 804-786-0053
E-Mail: Beverly.kimpel@dcjs.virginia.gov

DCJS Seizure #:
(To be completed by DCJS)

DCJS-998

ASSET SEIZURE REPORTING FORM

Please type.

1. Seizing Agency:		2. E-Mail Address:																			
3. Joint Seizure Participating Agencies: If Yes, list Agencies:		<input type="checkbox"/> Yes <input type="checkbox"/> No																			
4. Seizing Agency Case No.:		5. Date of Seizure:																			
6. Seizure Location(s): <i>(Include name of City/County)</i>		7. Legal Grounds for Seizure: <i>Section 19.2-386.22 of the Code of Virginia</i>																			
8. Detailed Description of Property: <table style="width: 100%; border: none;"><thead><tr><th style="width: 33%; text-align: left;">VEHICLES: (Complete all items below:)</th><th style="width: 33%; text-align: left;">CASH: (Report \$500 or above only) Total Amount: (Do not itemize)</th><th style="width: 33%; text-align: left;">MISCELLANEOUS ITEMS: (Report items over \$500 in value only)</th></tr></thead><tbody><tr><td>a) Year: _____</td><td>b) _____</td><td>c) _____</td></tr><tr><td>Make: _____</td><td>_____</td><td>_____</td></tr><tr><td>Model: _____</td><td>_____</td><td>_____</td></tr><tr><td>VIN#: _____</td><td>_____</td><td>_____</td></tr><tr><td>Value: _____</td><td>_____</td><td>_____</td></tr></tbody></table>				VEHICLES: (Complete all items below:)	CASH: (Report \$500 or above only) Total Amount: (Do not itemize)	MISCELLANEOUS ITEMS: (Report items over \$500 in value only)	a) Year: _____	b) _____	c) _____	Make: _____	_____	_____	Model: _____	_____	_____	VIN#: _____	_____	_____	Value: _____	_____	_____
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Make: _____	_____	_____																			
Model: _____	_____	_____																			
VIN#: _____	_____	_____																			
Value: _____	_____	_____																			
9. Seized From: <table style="width: 100%; border: none;"><tbody><tr><td style="width: 33%;">Name a) _____</td><td style="width: 33%;">b) _____</td><td style="width: 33%;">c) _____</td></tr><tr><td>Address _____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>				Name a) _____	b) _____	c) _____	Address _____	_____	_____	_____	_____	_____									
Name a) _____	b) _____	c) _____																			
Address _____	_____	_____																			
_____	_____	_____																			
10. Lien/Mortgage Holder(s): <table style="width: 100%; border: none;"><tbody><tr><td style="width: 33%;">Name a) _____</td><td style="width: 33%;">b) N/A _____</td><td style="width: 33%;">c) N/A _____</td></tr><tr><td>Address _____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>				Name a) _____	b) N/A _____	c) N/A _____	Address _____	_____	_____	_____	_____	_____									
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Address _____	_____	_____																			
_____	_____	_____																			
11. Property Stored at: <table style="width: 100%; border: none;"><tbody><tr><td style="width: 33%;">_____</td><td style="width: 33%;">_____</td><td style="width: 33%;">_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>				_____	_____	_____	_____	_____	_____												
_____	_____	_____																			
_____	_____	_____																			
12. Contact Officer: <table style="width: 100%; border: none;"><tbody><tr><td style="width: 33%;">Name _____</td><td style="width: 33%;">Title _____</td><td style="width: 33%;">Telephone _____</td></tr><tr><td colspan="3">Signature _____</td></tr></tbody></table>				Name _____	Title _____	Telephone _____	Signature _____														
Name _____	Title _____	Telephone _____																			
Signature _____																					
13. Chief/Sheriff/Superintendent: <table style="width: 100%; border: none;"><tbody><tr><td style="width: 33%;">Name _____</td><td style="width: 33%;">Title _____</td><td style="width: 33%;">Telephone _____</td></tr><tr><td colspan="3">Signature _____</td></tr></tbody></table>				Name _____	Title _____	Telephone _____	Signature _____														
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Signature _____																					

Original to DCJS • Copy to Commonwealth's Attorney • Copy to Originating Agency

Rev.01/2012

(If the number of assets is more than the number of spaces available on this form, please attach a list of items seized.)