

REQUEST FOR PAYMENT OF INTEREST IMMIGRATION AND CUSTOMS ENFORCEMENT ON ADMINISTRATIVE OR CIVIL JUDICIAL SEIZURES

This form is to be used to request payment of interest on refunded seized currency as required by the Civil Asset Forfeiture Reform Act of 2000 (CAFRA). Please email this form, with backup documentation, to **U.S. Immigration & Customs Enforcement (ICE), HSI- Asset Forfeiture Unit at AFUrefunds@ice.dhs.gov**

Seizure #: - - -

Seizure Date: _____

Date Notice Sent: _____

Cash Receipt Number :

Payment date of Refund: _____

Special Instructions: _____

Deposit Date: _____

Seizure Amount: _____

Refund Amount: _____

Amount of Interest: _____ (to be determined by EOAF)

Pay To: _____

Address: _____

TIN/SS#: _____

Headquarters Representative:

Name: _____ Port: _____ Title: _____

Signature & Date: _____ Phone: _____ Fax: _____

SEIZURE#: _____

FUND: _____ **COST CENTER:** 98999000

FUNDS CENTER: RM410 **MATERIAL GROUP:** 4312

FUNCTIONAL AREA: MA1199999988 **AMOUNT:** _____

ORDER: ZFX5

EOAF: Obligator - Signature/Date _____ EOAF: Certifier - Signature/Date _____

Accomplished by NFC: _____

 NFC Signature and Date