

**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: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Date Notice Sent: \_\_\_\_\_

Seizure Amount: \_\_\_\_\_

Cash Receipt Number :

Refund Amount: \_\_\_\_\_

**Payment date of Refund:** \_\_\_\_\_

Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Interest: \_\_\_\_\_ (to be determined by EOAF)

Pay To: \_\_\_\_\_ TIN/SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Headquarters Representative:

Name: \_\_\_\_\_ Port: \_\_\_\_\_ Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SEIZURE#:**

**FUND:** COST CENTER: 98999000

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

**FUNCTIONAL AREA:** MA119999988 **AMOUNT:**

**ORDER:** ZFX5

EOAF: Obligator - Signature/Date

EOAF: Certifier - Signature/Date

Accomplished by ARC: \_\_\_\_\_

ARC Signature and Date