

Request for Adoption of State or Local Seizure

U.S. Department of the Treasury



Instructions

- ♦ **Part I** must be completed by the state or local law enforcement officer responsible for the seizure. The officer must include the name and title of the agency head or designated agency official who approved the request for adoption. Requests for federal adoption of state or local seizures must be accompanied by both a detailed written description of the facts and circumstances establishing probable cause to seize the asset(s) and all pertinent documents and reports. Requests must be submitted to the federal investigative agency **within 15 calendar days** of the state or local seizure date unless circumstances merit a waiver.
- ♦ **Part II** should be completed and signed by the federal investigative agency counsel **within 10 calendar days** of receiving this adoption request.
- ♦ **Part III** should be completed when the request includes seized cash equal to or less than \$10,000.00 which does not meet certain conditions and, therefore, requires additional review and approval by the U.S. Attorney's Office. Part III should be completed and signed by an Assistant U.S. Attorney (AUSA) **within 5 calendar days** of receiving this adoption request from the federal investigative agency.
- ♦ Absent exceptional circumstances, the request for adoption must be approved prior to the transfer of the property to federal custody.

Part I - To Be Completed by State or Local Officer Conducting the Seizure

Name of Requesting Agency:			
NCIC/ORI Code of Requesting Agency:		Requesting Agency Case #:	
Full Name:			
Telephone #:		Ext.:	
Email:			
Date of Seizure:		Date of Request:	
Location of Seizure Address:			
City:		State:	
Zip Code:			

Seized Property Description(s) (If more than 3, please attach additional sheet)

1.	
2.	
3.	

Seized From Parties (If more than 2, please attach additional sheet)

1. Full Name:		Telephone #:		Ext.:	
Incarcerated?:	Yes	No	Date of Release (If Known):		
Institution:					
Home Address:					
2. Full Name:		Telephone #:		Ext.:	
Incarcerated?:	Yes	No	Date of Release (If Known):		
Institution:					
Home Address:					

Circumstances of the Property Seizure

ATTACH ALL pertinent investigative & arrest reports, & copies of any affidavits filed in support of a search or arrest warrant.

- | | | |
|--|-----|----|
| 1. Property seized in conjunction with an arrest? | Yes | No |
| 2. Was property seized pursuant to a state or local warrant? | Yes | No |
| 3. Was an illegal controlled substance seized? | Yes | No |
| 4. Was other contraband besides controlled substances seized? | Yes | No |
| 5. Was there an admission of criminal activity associated with the seized property? | Yes | No |
| 6. Did the possessor deny ownership of the seized property? | Yes | No |
| 7. Was a firearm seized for forfeiture or retained as evidence of criminal activity? | Yes | No |
| 8. Please identify whether there is audio or video recording of the seizure or the facts establishing probable cause in support of that seizure: | | |
- (e.g. "dashboard camera footage should be available")

Part I Continued - To Be Completed by State or Local Officer Conducting the Seizure

State Prosecution and/or Turnover Information

As a general rule, if a state or local agency has seized property as part of an ongoing state criminal investigation, and if the criminal defendants are being **prosecuted in state court**, the **forfeiture action should also be pursued in state court**.

- | | | |
|--|-----|--------|
| 1. Has a related state or local <u>criminal case</u> been initiated? | Yes | No |
| (a) State or Local Case Number: <input type="text"/> | | |
| (b) State or Local Prosecutor: <input type="text"/> | | |
| (c) Telephone #: <input type="text"/> | | |
| 2. Has a state forfeiture action been initiated for this property seized in the case? | Yes | No |
| (a) State or Local Case Number: <input type="text"/> | | |
| (b) State or Local Prosecutor: <input type="text"/> | | |
| (c) Telephone #: <input type="text"/> | | |
| 3. Has a state forfeiture action been initiated for other property seized in the case? | N/A | Yes No |
| (a) State or Local Case Number: <input type="text"/> | | |
| (b) State or Local Prosecutor: <input type="text"/> | | |
| (c) Telephone #: <input type="text"/> | | |
| 4. Is this property subject to forfeiture under state law? | Yes | No |
| 5. Is a state turnover order or equivalent document required under state law? (<i>Attach a copy when obtained</i>) | Yes | No |
| 6. Does transfer of this property to the federal government comply with all state laws? | Yes | No |

Agency Head or Designated Agency Official Who Approved This Request

Full Name:
Title:

Part II - To Be Completed by the Federal Investigating Agency (10 Calendar Days)

- | | | |
|--|-----|----|
| 1. Date Request Received: <input type="text"/> | | |
| 2. Are all pertinent investigative/arrest reports and affidavits included? | Yes | No |
| 3. Does any of the property require USAO concurrence? | Yes | No |
| 4. Investigating agency approval to adopt? | Yes | No |

Reviewing Agency Counsel:
Telephone #: Ext.: Email:
Signature: Date:

Part III - USAO Concurrence (5 Calendar days)

USAO concurrence required **only for cash/currency seizures equal to or under \$10,000** and in addition, USAO concurrence only needed if questions 1 – 5 are all marked **no** in Part 1 - Circumstances of the Property Seizure.

- | | | |
|--|-----|----|
| 1. Date Request Received: <input type="text"/> | | |
| 2. Do you concur with the federal adoption of this property? | Yes | No |

AUSA Name:
Telephone #: Ext.: Email:
Signature: Date:

Federal Use Only

Asset ID: Case #: Seizure #: