DEPARTMENT OF THE TREASURY

OMB No. 1505-0152

Request for Transfer of Property Seized/Forfeited by a Treasury Forfeiture Fund Participating Agency

- All assets transferred must be used in accordance with the U.S. Department of Justice and U.S Department of the Treasury Guide to Equitable Sharing for State, Local, and Tribal Law Enforcement Agencies.
- The deadline for submission of this request is forty-five (45) days following the forfeiture date of the asset requested.
- The requesting agency will be responsible for reimbursing the Treasury Forfeiture Fund its costs.

I. Seizing Agency (For Treasury Fund Participating Agency Use Only)

Seizing Agency (Federal): _____

Seizure Number: _____

Forfeiture Date: _____

Field Office: _____

Federal Agency Case No.: _____

Case Type: **Adoption** ☐ **Joint** ☐

II. Requesting State or Local Agency

Requesting Agency: _____

NCIC/ORI Number: _____

SAM/Unique Entity Identifier (UEI): _____ **EFT INDICATOR:** _____

Recipient Agency Fiduciary for: _____

Address _____

City _____

State _____

Zip Code _____

Contact Person _____

Telephone Number _____

Email Address _____

Requesting Agency Case No.: _____

III. Asset Requested (If requesting more than one asset, please attach a list)

Asset Requested: _____

Asset Description: _____

Request Type: **Cash Proceeds** ☐ **Item** ☐

IV. Recipient Agency Participation/Contribution

How many workhours were expended in the seizure/forfeiture of this asset? _____

Will sharing be based on pre-determined percentage in a Task Force Agreement that was applicable at the time of the seizure/forfeiture?

If **YES**, please attach the Memorandum of Understanding/ Agreement.

Yes ☐ **No** ☐

Summary of Participation to the seizure and forfeiture of the referenced asset:

*****Summary should include information such as who initiated the investigation, did the requesting agency provide POI/POE payments and the amount, were extraordinary expenses incurred by the requesting agency (i.e., Pens/Ping orders, T-III, etc., and any specific assistance (i.e., narcotics K-9, computer forensic assistance, SRT, etc.) that lead to the seizure of the referenced asset*****

Click here to enter text.

V. Certification by Participating/Fiduciary Agency

Is the agency authorized to submit a request for an equitable sharing of this asset under applicable State law? Yes ☐ No ☐

A. ☐ I certify that the above information including, but not limited to, the number of workhours and the narrative contributions to the investigation, are true and accurate statements of this agency's activities. I further certify that the funds or property transferred will be used only for permissible law enforcement purposes, all funds received will be accounted for, and their use reported annually in accordance with the Department of Justice and the Department of the Treasury policies on Equitable Sharing. Falsified information on this form, failure to expend sharing funds permissibly, or failure to accurately report expenditures could result in the agency's suspension or expulsion from the Equitable Sharing Program.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

B. ☐ As legal counsel, I have reviewed this request and I certify that the contact person identified in Part II, on behalf of the agency referenced 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. I further certify that the agency referenced in Part II is authorized to request and receive equitable sharing.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____