



Department of Criminal Justice Services
Forfeited Asset Sharing Program
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list Agencies:			
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:			
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: _____	_____	_____	
9. Seized From:			
Name a) _____	b) _____	c) _____	
Address _____	_____	_____	
_____	_____	_____	
10. Lien/Mortgage Holder(s):			
Name a) _____	b) N/A	c) N/A	
Address _____	_____	_____	
_____	_____	_____	
11. Property Stored at:			
_____	_____	_____	
_____	_____	_____	
12. Contact Officer:			
_____	_____	_____	
<i>Name</i>	<i>Title</i>	<i>Telephone</i>	
_____	_____	_____	
<i>Signature</i>			
13. Chief/Sheriff/Superintendent:			
_____	_____	_____	
<i>Name</i>	<i>Title</i>	<i>Telephone</i>	
_____	_____	_____	
<i>Signature</i>			