

# Virginia Annual Certification Report and Sharing Agreement Instructions

**(Please retain these instructions for your records.)  
(DO NOT SUBMIT WITH REPORT)**

**Law Enforcement Agency:** Enter the complete name of your state or local law enforcement agency (e.g. Anytown Police Department). Check the appropriate box to indicate type of agency. Acronyms should be spelled out.

**Contact Person:** Enter the name of the person in your agency who should be contacted regarding asset forfeiture cases.

**E-mail Address:** Enter the e-mail address of the contact person.

**Mailing Address:** Enter your agency's complete mailing address (number, street, city/town, state, zip code).

**Telephone Number:** Enter the phone number of the contact person, including area code and extension.

**Fax Number:** Enter your agency's fax number, including area code.

**Federal Identification No.:** Enter your locality's valid Federal Identification Number.

**Beginning Asset Forfeiture Fund Balance:** Enter on line 1 the amount in your state forfeiture account at the beginning of your fiscal year. **(This should be the same amount as reported on line 7 of the previous year's report. Any deviations from last year's ending balance must be explained in an accompanying letter.)**

**State Asset Forfeiture Funds Received:** Enter on line 2 the total amount of cash and/or proceeds received from Virginia's Forfeited Asset Sharing Program. So, if your fiscal year ended on 6/30/2011, include all state forfeiture funds received from 7/1/2010 through 6/30/2011. **This must be the same amount as indicated on the printout enclosed with the Annual Report mailings. No federal funds can be listed on this report.**

**Other Income:** Enter on line 3 the proceeds from the sale of forfeited property that was sold after 1 year from the court order and sold for under \$500.00 (for assets seized after 8/1/04), or was sold more than 1 year after the court order date. **Forfeitures under the \$500 minimum would also be reported on this line. The list attached for this line should be in the following format:**

## DCJS Annual Certification Report

### Line 3 - List Format

Case Number	Case Name	Asset Description	Amount Rec'd	Source (law enforcement agency from which the funds were received)

**Interest Income Accrued:** Enter on line 4 the interest earned on your state forfeiture fund account during your fiscal year. If funds are in a non-interest bearing account, please indicate so here.

**Total Asset Forfeiture Funds:** Add the beginning fund balance (line 1), the funds received (line 2), other income (line 3), and interest income (line 4). Enter the total amount on line 5.

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**State Forfeiture Funds Spent:** Add items a through j. Enter the total amount on line 6.

**Asset Forfeiture Fund Balance:** Subtract the funds spent (line 6) from the total asset forfeiture funds received (line 5). Enter the ending balance on line 7.

**Summary of Monies Spent:** Enter on lines a – h the total amount spent for each item listed.

**Total spent on salaries:** Asset Forfeiture funds may be used for salaries of employees in certain situations. These include a part-time position, contract position, or new position that does not exceed one (1) year. Also, overtime may be paid from Asset Forfeiture Funds. **Attach an itemized list showing the individual(s) receiving payment, the amount of payment, and the time period of payment.**

**Total Spent on Other Law Enforcement Expenses:** Enter on line i the total amount of expenses not listed in items a through h. **Attach a list of expenditures. This list should be itemized by identifying the purchase and the purchase amount. DO NOT INCLUDE COPIES OF INVOICES.**

**Total Transfers to Other Law Enforcement Agencies:** Enter on line j the amounts transferred to other state and local law enforcement agencies. **Attach a list of recipients with their addresses and include amount of cash, property, and proceeds transferred.**

**Total Agency Budget for Current Fiscal Year:** Enter on line k your agency's budget for the current fiscal year (FY 2011).

**Law Enforcement Agency Head:** The head of your law enforcement agency (or an authorized representative) must sign and date the form. (Examples of law enforcement agency head or authorized representative include the following: police chief, sheriff, commonwealth's attorney, deputy chief, etc.). Name and title of the signatory must be printed or typed. By signing the Certification Report and Sharing Agreement, the head of the law enforcement agency (or the authorized representative) certifies that this report is an accurate accounting of funds received and spent by the law enforcement agency under the Virginia Forfeited Asset Sharing Program during this reporting period.

**Governing Body Head:** The head of your governing (or an authorized representative) must sign and date the form. (Examples of governing body head or authorized representative include the following: city manager, county executive, mayor, county judge, etc.). Name and title of the signatory must be printed or typed. By signing the Certification Report and Sharing Agreement, the head of the governing body (or the authorized representative) certifies that this report is an accurate accounting of funds received and spent by the law enforcement agency under the Virginia Forfeited Asset Sharing Program during this reporting period. For purposes of this form, a governing body is an institution or organization that has appropriations authority – that is, the agency that gives your agency its budget – over the state or local law enforcement agency. A law enforcement official should not sign for the governing body unless he/she has appropriations authority.

**MAIL the Annual Certification Report to: DUE DATE: OCTOBER 31, 2011**  
**(FAX COPIES OR ELECTRONIC COPIES ARE NOT ACCEPTABLE)**

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For questions, contact information is:

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