

Virginia Department of Criminal Justice Services Forfeited Asset Sharing Program

1100 Bank Street, 12th Floor Richmond, VA 23219 804-371-0538 • FAX: 804-786-0053 DCJS 998 Form

DCJS Seizure #:

ASSET SEIZURE REPORTING FORM

Please type

1. Seizing Agency:		2. Email Addre	ess:	
3. Joint Seizure Participating Agencies: If Yes, list Agencies:	Yes	☐ No		
4. Seizing Agency Case No.:		5. Date o	f Seizure:	
6. Seizure Location(s): (Include name of City/	County)	<u> </u>	7. Legal Grounds for Seizure: Section 19.2-386.22 of the Code of Virginia	1
8. Detailed Description of Property: VEHICLES: (Complete all items below:) a) Year: Make: Model: VIN#: Value:	CASH: (Report \$500 c	or above only)	MISCELLANEOUS ITEMS: (Report items over \$500 in value only) Total Amount: (Do not itemize) C)	_ _ _
9. Seized From: Name a) Address			c)	_
10. Lien/Mortgage Holder(s): Name a) Address			c) <u>N/A</u>	_
11. Property Stored at:				_
12. Contact Officer:				
Name	Tit	tle	Telephone	
Signature 13. Chief/Sheriff/Superintendent:				
Name	Tit	tle	Telephone	
Signature				