



ASSET SEIZURE REPORTING FORM

Please type

1. Seizing Agency:		2. Email 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)	MISCELLANEOUS ITEMS: (Report items over \$500 in value only) Total Amount: (Do not itemize)
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>	_____	_____	_____