



Department of Criminal Justice Services
Forfeited Asset Sharing Program
1100 Bank Street-12th Floor • Richmond, VA 23219
804-371-0538 FAX: 804-786-0053
E-Mail: Beverly.kimpel@dcjs.virginia.gov

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: If Yes, list Agencies: <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Date of Seizure:			
4. Seizing Agency Case No.:		7. Legal Grounds for Seizure: <i>Section 19.2-386.22 of the Code of Virginia</i>			
6. Seizure Location(s): <i>(Include name of City/County)</i>		8. Detailed Description of Property:			
VEHICLES: (Complete all items below:) a) Year: _____ Make: _____ Model: _____ VIN#: _____ Value: _____		CASH: (Report \$500 or above only) Total Amount: (Do not itemize) b) _____ _____ _____ _____ _____		MISCELLANEOUS ITEMS: (Report items over \$500 in value only) c) _____ _____ _____ _____ _____	
9. Seized From: Name a) _____ Address _____ _____		b) _____ _____ _____ _____		c) _____ _____ _____ _____	
10. Lien/Mortgage Holder(s): Name a) _____ Address _____ _____		b) <u>N/A</u> _____ _____ _____		c) <u>N/A</u> _____ _____ _____	
11. Property Stored at: _____		_____		_____	
12. Contact Officer: _____ <div style="display: flex; justify-content: space-between;">NameTitleTelephone</div> _____ <div style="display: flex; justify-content: space-between;">Signature</div>					
13. Chief/Sheriff/Superintendent: _____ <div style="display: flex; justify-content: space-between;">NameTitleTelephone</div> _____ <div style="display: flex; justify-content: space-between;">Signature</div>					

Original to DCJS • Copy to Commonwealth's Attorney • Copy to Originating Agency

Rev.01/2012

(If the number of assets is more than the number of spaces available on this form, please attach a list of items seized.)