

Incident No.	
Date Seized	Claim Deadline

### NOTICE OF CLAIM

Seizing Law Enforcement Agency	Phone Number ( )	Property Value	Bond Amount
Location to Post Bond		Address	
Address Where Seized: Number& Street	City	State	Zip Code

UD-14 Item No.	Description of Property - Describe Fully (Manufacturer/Make/Serial No. - Denomination/Amount of Money)

**Violations of Controlled Substances Article:**

Pursuant to MCL 333.7525, 1 hereby post a bond in the amount of 10% of the value of the claimed property, but not less than \$250.00 or greater than \$5,000.00, together with sureties conditioned that in case the property is ordered forfeited by the court, I shall pay all costs and expenses of the forfeiture proceedings.

Name of Claimant	Signature of Claimant		Date Signed
Address: Number& Street	City	State	Zip Code
My Interest in the Property	Work Phone ( )	Home Phone ( )	Social Security No.*

**RECEIPT OF BOND**

Printed Name of Person Receiving Bond	Work Unit	Official Receipt No.
Signature of Person Receiving Bond	Date Received	Time

**DISPOSITION OF BOND**

TURNED OVER TO PROSECUTOR		RECORD OF DEPOSIT	
Printed Name of Person Receiving Bond	Date	Deposited By	Date
Signature of Person Receiving Bond		Signature	UD-14 Item Number

DISTRIBUTION:

- Original - Master File
- Machine Copy - Claimant
- Machine Copy - Financial Management

\*THIS INFORMATION IS CONFIDENTIAL  
DISCLOSURE OF CONFIDENTIAL INFORMATION IS  
PROTECTED BY THE FEDERAL PRIVACY ACT.

AUTHORITY- 1978 PA 368  
COMPLIANCE: Required  
PENALTY: Forfeiture of Property