UNITED STATES CURRENCY SEIZURE REPORT

For Seizing Agency's Forfeiture Program Control Officer Only:
Date Stamp Received: Control Number:

CLAIMANT INFORMATION

1) Name: _____
           (Last)   (First)   (MI)

2) Address: _____
             (Street)   (City)   (State)   (Zip)

3) DOB: _____   4) Social Security #: _____

5) Home Telephone #: _____   6) Work Telephone #: _____

SEIZURE INFORMATION

7) Seizing Agency: _____ 8) ORI #: _____ 9) Case # _____

10) Seizing Officer: _____
                  (Last)   (First)   (MI)   (Badge Number)

11) Bureau/Section/Unit: _____

12) Date of Seizure: _____   13) Time of Seizure: _____

14) Location of Seizure: _____
            (Street)   (Municipality)   (County)

UNITED STATES CURRENCY SEIZED

$100(s) x _____ = _____

$ 50(s) x _____ = _____   Name/Badge #
                                                 Officer Counting: _____

$ 20(s) x _____ = _____

$ 10(s) x _____ = _____   Name/Badge #
                                                 Officer Counting: _____

$ 5(s) x _____ = _____

$ 1(s) x _____ = _____   Claimant: _____

$ other (including coins) _____

Total Seized: _____

Submitting Officer	Badge Number	Date	Review: (Initials & Date)