



State of New Jersey  
 Department of Law and Public Safety  
 Division of Criminal Justice

**Municipal Forfeiture Program Report**

Police Agency Name \_\_\_\_\_ Period: to - from \_\_\_\_\_

Agency ORI Number \_\_\_\_\_ **1 2 3 4** \_\_\_\_\_  
 Circle Quarter Calendar Year

**Part I: Forfeited Assets Received**

- 1) Beginning balance of Agency *LETA*: \_\_\_\_\_
- 2) Total forfeited funds *RECEIVED* in Quarter: \_\_\_\_\_

**Categorize the funds *RECEIVED* by underlying offense,  
 (NOTE: total should equal total reported in Part 1, 2).**

Narcotics Offenses: \$ \_\_\_\_\_

Gambling Offenses: \$ \_\_\_\_\_

Racketeering: \$ \_\_\_\_\_

Public Indecency: \$ \_\_\_\_\_

Official Corruption: \$ \_\_\_\_\_

Theft Offenses: \$ \_\_\_\_\_

Other Offenses: \$ \_\_\_\_\_

Income from Other Sources:\* \$ \_\_\_\_\_

\*Includes, but is not limited to, interest income, reimbursements of asset maintenance costs and miscellaneous contributive share distributions.

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3) List and describe forfeited indivisible property, excluding funds reported in Part I, line 1, that were *RECEIVED* during the period. Include the underlying offense, its intended law enforcement use and estimated value:

Description of Property	Underlying Offense	Intended Law Enforcement Use	Estimated Value
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❖❖❖❖❖❖❖❖❖❖❖❖❖❖❖❖	<b>(2) Total Estimated Value</b>	
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## Part II: Use of Forfeited Funds for Law Enforcement Purposes

- 4) Indicate the amount, purpose and payee for any *DISTRIBUTION OF FORFEITED FUNDS MADE DURING THE REPORTING PERIOD BY, OR ON BEHALF OF, THE REPORTING LAW ENFORCEMENT AGENCY.*

Payee	Law Enforcement Purpose	Amount
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❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖	(3) Total Expenditures	
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## Part III: Disposition of Indivisible Property.

- 5) List and describe any forfeited property permanently removed from service and the amount of money received from its *SALE, AUCTION OR OTHER DISPOSITION*.

Description of Property	Disposition	Actual Value Received
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❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖	(4) Total Value Received	
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## **CERTIFICATION**

- 6) On behalf of the police agency and the responsible funding agency, the undersigned certifies that the above information is true and correct based upon the available records.

\_\_\_\_\_  
Printed Name and Title of Preparer

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Telephone Number / Fax Number

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Police Agency Executive

\_\_\_\_\_  
Date