APPLICATION FOR ASSET FORFEITURE (CH.59 TxCCP)

INTAKE CHECKLIST FOR LAW ENFORCEMENT

Law Enforcement Agency Info.	Offense Report #: Offense Date: Seizure Date: TRN#: Filing Agency: Filing Officer – First Name: Last Name: Badge/ID#: Gender: Address: City: State: VkPh#: CellPh#: Email: Class:		Offense Info. Seizure Info.	Currency:		
Interested Parties	Possessor (In Jail) First Name: Middle Name: Last Name: Address: City: State: Zip: HmPh#: WkPh#: CellPh#: Email: DOB: Gender: Nueces SID#: S\$#: TxDL#: FBI#: DPS#:	First Name Middle Name Last Name Address: City: State: HmPh#: WkPh#: CellPh#: Email: DOB: Gender: Nueces SI SS#: TxDL#: FBI#:		ner (In Jail)		Lien Holder First Name:
	Note: If more than one (1) possessor, owner, or lien holder, include their information on a separate sheet. All Files Must Contain The Following: The purpose of the requested documentation is to ensure accuracy in issuance of citations for forfeiture					
Documentation	☐ Affidavit of Seizing Officer ☐ Offense Report(s)	☐ Schedule A form☐ Vehicle Registration		orm	N	Money Seizure form Photos of Seized Property (on CD/DVD disk)
	TCIC/NCIC of each Interested Party	TxDL w/ do address of Party		each Interested		mpound Lot sheet
	Witness/Subpoena list Private Party		Book printout— Value of vehicle with sories and mileage.		E	Booking Sheet for Interested Parties
Patition propored (Data): / / by (3/21/2012 4:35 P.						DA Office Use only. (3/21/2012 4:35 PM) ver.DAO-032012