

CLEVELAND DIVISION OF POLICE
FORFEITURE UNIT

REQUEST FOR FORFEITURE PROCEEDINGS

--1-- NAME AND ADDRESS OF ARRESTED PERSON OR PERSON TO BE PROSECUTED

_____ D.O.B. _____

--2-- NAME (S) OF SEIZING OFFICER(S)

UNIT/DISTRICT

--3-- NAME (S) OF ASSIGNED DETECTIVE(S)

UNIT/DISTRICT

--4-- DATE OF SEIZURE _____

REPORT NUMBER _____

NO DRUGS SEIZED

NO VEHICLE SEIZED

--5-- LAB NUMBER: _____

--6-- V.I.U.# _____

PLATE# _____

LIEN? YES NO UNK

--7-- IF AUTO NOT OWNED BY ARRESTED PERSON ANSWER BELOW

Relationship: Spouse _____ Parent _____ Boy/Girl/Friend _____ Unknown _____

--8-- Was the owner notified of the Seizure and Forfeiture Proceedings?

Yes

No

Unable to locate or verify owner

--9-- Notified By: _____

Date and Time _____

PLEASE FILL IN NOTIFICATION INFORMATION EVEN IF NOTIFIED DAYS LATER

--10-- OFFENSE CHARGED OR TO BE PRESENTED TO THE GRAND JURY

TITLE

CODE SECTION

THE DETECTIVE COMPLETING THIS FORM

BADGE

CIF _____

DEFENDANT: _____

(ONLY ONE NAME PER FORFEITURE FORM)

PROPERTY SEIZED: DESCRIPTION IN DETAIL

BELOW TO BE FILLED IN BY FORFEITURE UNIT FOR PROSECUTOR'S USE

TITLE# _____ ABOVE VIN VERIFIED: Yes _____ No _____

OWNER DIFFERENT THAN DEFENDANT: YES _____ No _____ UNABLE TO VERIFY _____