

FORFEITURE INCIDENT REPORT

Name of Jurisdiction: _____

County of Jurisdiction: _____

The Criminal Forfeiture described
on this Reporting Form was completed: _____
(Month) (Date) (Year)

Date Of Seizure Of Property: _____
(Month) (Date) (Year)

Crime For Which Forfeiture Was Initiated:

- criminal activity involving a controlled substance
- murder criminal vehicular homicide assault
- robbery prostitution criminal sexual conduct
- theft Other (Please Specify) _____

Please provide a brief description of the circumstances involved:
(You may attach a copy of the criminal complaint, or other relevant documents)

**FOR FORFEITED PROPERTY THAT WAS DESTROYED, FORWARDED TO A FEDERAL AGENCY, OR
RETAINED FOR LAW ENFORCEMENT PURPOSES, PLEASE COMPLETE THIS SECTION OF THE REPORT.**

(If property forfeited was a firearm, please complete a separate firearm forfeiture report pursuant to Minnesota Statutes (1995)
§ 609.5315, Subd. 6.)

<u>Description</u>	<u>Estimated Value</u>	<u>Disposition of Property</u> (Retained By Agency, Destroyed Or Forwarded To Federal Agency)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Reporting Form Continued On Back Of Page)

**FOR CASH AND OTHER FORFEITED FUNDS, AND FOR FORFEITED PROPERTY THAT WAS SOLD,
PLEASE COMPLETE THIS SECTION OF THE REPORT.**

<u>Description of Property</u>	<u>Gross Sale Amount</u>	<u>Administrative Expenses</u>	<u>Lienholder's Share</u>	<u>Net Proceeds</u>
Cash or other Funds	_____	_____	XXXXXXX	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If certain property, or the proceeds of the sale of certain property, was shared with an agency other than the agency identified on the top of this form (e.g. a law enforcement agency of another jurisdiction), please indicate the property, or proceeds of sale of property, that was provided to another agency and the name of the agency receiving the property. (Do not report distributions made pursuant to Minnesota Statutes § 609.5315, Subd. 5)

<u>Property/Proceeds Of Sale Shared With Another Agency</u>	<u>Name of Other Agency</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information contained on this report is complete and accurate to the best of my knowledge.

Signature of Chief Law Enforcement Officer Date Phone Number