



CLAIM FORM

YOU MUST COMPLETE ALL PARTS OF THIS FORM FOR THE ASSETS YOU ARE CLAIMING.

Note: There is no legal form or format required for filing a claim; this document is provided for your convenience. Please visit <https://www.forfeiture.gov/FilingClaim.htm> for more specific guidance on filing your claim with the appropriate seizing agency.

Frivolous Claim Statement: If a court finds that a claimant's assertion of an interest in property was frivolous, the court may impose a civil fine. Title 18 United States Code, Subsection 983(h). A false statement or claim may subject a person to criminal prosecution under Title 18 United States Code, Sections 1001 and 1621.

Privacy Act Notice: The Department of Justice is collecting this information for the purpose of processing your claim. Providing this information is voluntary; however, the information is necessary to process your application. Information collected is covered by Privacy Act System of Records Notice Department of Justice (DOJ), DOJ-002-DOJ Computer Systems Activity & Access Records, Federal Register (71 FR 29170). This information may be disclosed to contractors when necessary to accomplish an agency function, to law enforcement when there is a violation or potential violation of law, or in accordance with other published routine uses. For a complete list of routine uses, see the system of records notice listed above.

SECTION I – CONTACT INFORMATION

CLAIMANT INFORMATION	
Claimant/Contact Name: (Last, First)	
Business/Institution Name: (if applicable)	Prisoner ID: (if applicable)
Address: (Include Street, City, State, and Zip Code)	
Social Security Number/Tax Identification Number: (Enter N/A if you do not have one)	
Please provide an explanation why you do not have a Social Security Number, if above is N/A:	
Phone: (optional)	Email: (optional)
ATTORNEY INFORMATION (if applicable)	
Attorney Name: (Last, First)	
Attorney Title:	
Firm Name: (if applicable)	
Attorney Address: (Include Street, City, State, and Zip Code)	
Are you an attorney filing this claim on behalf of your client? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Attorney Phone: (optional)	Attorney Email: (optional)

If any of this information changes, you are responsible for notifying the agency of the new information.

SECTION II – ASSET LIST

List each asset ID and asset description that you are claiming.

#	Asset ID	Asset Description

SECTION III – INTEREST IN PROPERTY

Identify your interest in each of the assets you are claiming. If you are filing for multiple assets and the responses are not the same for each asset, please print out multiple copies of this page to submit with the claim. If you have documentation that supports your interest in the claimed assets (e.g., bill of sale, retail installment agreements, contracts, titles or mortgages), please include copies of the documents with the submission of the claim.

INTEREST IN PROPERTY INFORMATION	
Asset ID	Asset Description

In the space below, please explain why you have a valid, good faith, and legally recognizable interest in this asset:

In the space below, please list any documents you are including in support of your interest in the asset(s). If none are included, please explain why.

SECTION IV – RECOVERY OF LOSS

Complete this section for assets you have recovered all or a portion of your losses either via an insurance claim and/or via some other source of recovery. If you have more recovery of loss information than may fit on this page, print out multiple copies of this page to attach with the claim and indicate which assets apply to each page. If you have not received any recovery of your losses, then leave this section blank.

RECOVERY OF LOSS INFORMATION	
Asset ID	Asset Description

INSURANCE CLAIM INFORMATION (if applicable)	
Name of Insured: (Last, First)	
Policy Number:	Claim Number:
Name of Insurance Company:	Name of Insurance Agent: (Last, First)
Insurance Company Address: (Include Street, City, State, and Zip Code)	
Phone: (optional)	Email: (optional)
Have you received compensation from the insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO	Amount of Compensation:

If other sources of recovery exist (e.g., restitution, returns on investment or other settlements), please list and describe the details below.

OTHER SOURCE(S) OF RECOVERY (if applicable)	
Source of Recovery 1:	Amount of Recovery:
Source of Recovery 2:	Amount of Recovery:

In the space below, please list any documents you are including in support of your claim of recovery of loss. If none are included, please explain why.

SECTION V – DECLARATION

The following declaration must be completed by the claimant.

I attest and declare under penalty of perjury that my claim is not frivolous and the information provided in support of my claim is true and correct to the best of my knowledge and belief.

Signature

Printed Name

Date

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