CIF		

## CLEVELAND DIVISION OF POLICE FORFEITURE UNIT

## REQUEST FOR FORFEITURE PROCEEDINGS

1.	Arrested person or person to be prosecuted					
	Name			DOB		
	Address _					
2.	Name(s) of seizing officers			Unit/District		
3.	Name(s) of as	signed detective	es	Unit/District		
4.		e		Report Number 20 No vehicle seized		
5.	VIU				·	
	Lien?	Yes	No	Unknown		
6.	If vehicle not	If vehicle not owned by arrested person specify relationship				
	Spouse	Parent		Boyfriend/Girlfriend	Other/Unknown	
7.	Was the owne	er notified of the	seizure a	and forfeiture proceedings?		
	Yes	No	Unat	ole to locate or verify owner		
8.	Notified by _			Date and time		
	Complete	notification info	rmation	even if notified days later		
9.	Offense charg	ged or to be prese	ented to the	he Grand Jury.		
	Title			Code section		
	Name of Detec	tive completing this form	n	Badge number		

	CIF	_
Defendant		
	(ONLY ONE NAME PER FORFEITURE FORM)	

 $\underline{PROPERTY\ SEIZED}\ (describe\ in\ detail)$ 

Below information to be completed by Forfeiture Unit for Prosecutor use

Title number\_\_\_\_\_\_\_ VIN verified? Yes No

Owner different than defendant? Yes No Unable to verify