

LUZERNE COUNTY DISTRICT ATTORNEY'S OFFICE
FORFEITURE FORM

Jacqueline Musto Carroll
District Attorney

Court House
200 North River Street
Wilkes-Barre, Penna. 18711

Defendant (s) _____

Defendant's Attorney _____

Assistant District Attorney _____

Magistrate Docket Number _____ Court of Common Pleas Number _____

Defendant's charges: _____

I. EVIDENCE

Date of Seizure: _____ **Time of Seizure** _____ **Day of Week** _____

1. **Firearm** – Make: _____ Model _____ Cal: _____

Serial Number _____ Owner of Record _____

Location of Firearm at time of seizure _____ Crime (s) Involved _____

Has Firearm been sent for Forensic Testing at this time _____ Lab Report # _____

2. US Currency – amount _____ Drug Related Seizure [] YES [] NO

Amount of currency that was pre-recorded buy money _____

Location of Currency at time of seizure _____

3. Drugs/Drug paraphernalia:

Type of Drug _____ , # of bags / amount _____

Sent for lab testing on _____

Laboratory test returned at this time Yes / No Lab Report _____

Location of Drug/Drug para. At time of seizure _____

4. Vehicle

Year _____ Make _____ Model _____ VIN # _____

REGISTERED OWNER _____

POSSESSOR (S) OF VEHICLE AT TIME OF SEIZURE _____

5. Real Estate

ADDRESS _____

Type of Structure: (business / residential / other) _____

6. Owner (s) and Possessor (s) of Seized Property

Name: (owner) _____ Address _____

Name: (possessor) _____ Address _____

