



U.S. Department of Justice

Criminal Division

Money Laundering and Asset Recovery Section

Washington, D.C. 20530

## New Participant Request to join Department of Justice Equitable Sharing Program

### Agency Information

Agency Name: \_\_\_\_\_

NCIC/ORI: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fiscal Year End Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Day

Agency Type: \_\_\_\_\_ Is agency a Tribal Agency: Yes No

Information only purposes (cases not involving equitable sharing): Yes No

### Jurisdiction Finance Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email completed form or questions regarding this form to the Money Laundering  
and Asset Recovery Section at [MLARS.ESProgram@usdoj.gov](mailto:MLARS.ESProgram@usdoj.gov)