



**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:

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

Information only purposes (case does not involve equitable sharing): Yes No

**Jurisdiction Finance Contact**

(City, County, or State Chief Financial Officer maintaining funds)

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

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

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

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

**Agency Finance or eShare Administrator 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)**