



## PETITION FOR REMISSION FORM

**Note:** There is no legal form or format required for filing a petition; this document is provided for your convenience.

**Frivolous Petition Statement:** A petition containing false information may subject the petitioner to criminal prosecution under Title 18 United States Code Section 1001 and Title 18 United States Code Section 1621.

**Privacy Act Notice:** The Department of Justice is collecting this information for the purpose of processing your petition for remission. 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.

### CONTACT INFORMATION

PETITIONER INFORMATION	
Petitioner/Contact Name: (Last, First)	
Business/Institution Name: (if applicable)	Prisoner ID: (if applicable)
Address: (Include Street, City, State, and Zip Code)	
Phone: (optional)	Email: (optional)
ATTORNEY INFORMATION (if applicable)	
Are you an attorney filing this petition on behalf of your client? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Attorney Name: (Last, First)	

<b>Attorney Title:</b>	
<b>Firm Name:</b> (if applicable)	
<b>Attorney Address:</b> (Include Street, City, State, and Zip Code)	
<b>Attorney Phone:</b> (optional)	<b>Attorney Email:</b> (optional)

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

## **VICTIM PETITION**

**I am requesting remission of this forfeiture because I am a victim of the criminal offense underlying the forfeiture of this property or am the victim of a related offense and I have suffered a pecuniary loss as a result of that offense as described below:**

**Please provide the total pecuniary loss claimed. This is the total amount you claim to have lost.**

**In the space below, please list any documents you are including in support of your victim petition. If none are included, please explain why.**

**In support of my request, I would like the ruling official to consider the following extenuating circumstances:**

## RECOVERY OF LOSS

*Complete this section if you have recovered all or a portion of your loss 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 submit with the petition and indicate which losses apply to each recovery. If you have not received any recovery of your loss, then leave this section blank.*

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

**If you have recovered any of your losses from another source, please list the details below. If you have more than two sources of recovery, please print multiple copies of this table to submit with the petition.**

<b>SOURCE(S) OF RECOVERY</b> (if applicable)	
<b>Source of Recovery 1:</b>	<b>Amount of Recovery:</b>
<b>Source of Recovery 2:</b>	<b>Amount of Recovery:</b>

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

**DECLARATION AND REPRESENTATION**

*The following declaration should be completed by the petitioner. If the petitioner is represented by an attorney, the attorney may complete the declaration as long as the petitioner completes the sworn notice of representation.*

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

**Sworn Notice of Representation**

*This section must be completed only by petitioners who are represented by an attorney and whose attorney has executed the declaration provided above.*

I have retained the above-named attorney who has authority to represent me in this matter. I have fully reviewed the foregoing petition and found that its contents are truthful and accurate in every respect. I declare under penalty of perjury that the foregoing information is true and correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

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The completed Petition may be sent to the United States Attorney at the following e-mail address: [USAMIE.USvBeard@usdoj.gov](mailto:USAMIE.USvBeard@usdoj.gov) or at the following mailing address:

United States Attorney  
ATTN: (Adriana Dydell)  
Assistant U.S. Attorney  
211 W. Fort Street, Suite 2001  
Detroit, Michigan 48226-3211