

MODEL PETITION TO THE ATTORNEY GENERAL FOR REMISSION OR MITIGATION OF
CRIMINAL FORFEITURE, OR CIVIL FORFEITURE PURSUANT TO 18 U.S.C. § 981(e)(6),
BY A NON-OWNER VICTIM OF THE UNDERLYING OR RELATED OFFENSE

TO: THE ATTORNEY GENERAL OF THE UNITED STATES
C/O U.S. ATTORNEY FOR THE DISTRICT OF [fill in district where
forfeiture took place]
ADDRESS [fill in address of U.S. Attorney's Office]

[Send copy to the seizing agency in the district where the seizure
took place or, in the case of the DEA, at the address set forth in
28 C.F.R. § 9.4(e).]

FROM: [Name, address, social security or other taxpayer identification
number, daytime telephone number]

1. I, [name of petitioner], assert that I am a victim of the offense
committed by defendant(s), [give name of defendant(s)], who was/were convicted
in [give full name and number of case, with date of conviction], or of a
related offense, having lost the following property to the defendant(s) as a
direct result of that offense or related offense, without having any knowledge
that defendant(s) was/were engaged in illegal activity: [describe: the
property in detail, including serial numbers, legal descriptions, etc. as
appropriate; any evidence of the fair market value of the property as of the
date of the loss; any information concerning the present whereabouts of the
property; and any information concerning the agency which seized the property,
the asset identifier number and the date and place of seizure].

2. The circumstances which led to my being a victim are as follows:
[describe in detail how you were victimized, providing names of witnesses,
dates and locations, attaching copies of relevant documents and, if you turned
over property to the defendant(s), explaining how you were induced to do so
and what, if any, direct or indirect benefits you received].

3. I have made the following efforts to receive compensation for my
losses: [describe in detail all attempts to be reimbursed and the outcome or
present status of those efforts]. I am unaware of any other assets of the
defendant(s) against which I might have recourse, except the following: [state
any information you have suggesting the defendant(s) has/have any other
assets].

4. I affirm that if I receive any compensation for my losses, that I
will immediately notify the official who grants this petition (if it is
granted) of that fact.

5. I understand that this petition will be governed by the regulations,
including definitions of terms such as "victim" and "related offense," set
forth in 28 C.F.R. § 9.1 et seq.

DECLARATION

State of: _____

County of: _____

I hereby declare under penalty of perjury that the foregoing petition, including any attachments thereto, is true and correct in every respect.

Executed: _____
[Enter date signed] [Signature of Petitioner]

NOTE: SIGNATURE OF PETITIONER MUST BE NOTARIZED

[IF REPRESENTED BY AN ATTORNEY]

DECLARATION OF REPRESENTED PETITIONER

State of: _____

County of: _____

I hereby declare under penalty of perjury that I have authorized _____, _____ to represent me in this proceeding, that I have fully reviewed the petition, including any attachments thereto, and that the petition and any such attachments are true and correct in every respect.
[Name of attorney] [Address of attorney]

Executed: _____
[Enter date signed] [Signature of Petitioner]

NOTE: SIGNATURE OF PETITIONER MUST BE NOTARIZED

DECLARATION OF ATTORNEY REPRESENTING PETITIONER

State of: _____

County of: _____

I hereby declare under penalty of perjury that upon information and belief the foregoing petition, including any attachments thereto, is true and correct in every respect.

Executed: _____
[Enter date signed]

[Signature of Attorney]