#15,299

Agency Information

Agency Information

Year: 2018

Agency Name:

Hunt County Constable Precinct

City: Quinlan

Agency Mailing Street:

PO BOX 494

ZIP: 75474

State: TX

County: Hunt

Phone Number: (903) 356-4543

Agency Fiscal Beginning Month:

September

Agency Fiscal Ending Month: August

I. Seized Funds

Do not include federal seizures and/or forfeitures on this form. This form is only for those seizures and/or forfeitures made pursuant to Chapter 59 of the Texas Code of Criminal Procedure.

Seized Funds Pursuant to Chapter 59

Funds that have been seized but have not yet been awarded/forfeited to your agency by the judicial system.

A) Beginning Balance: \$0.00

B) Seizures During Reporting Period

Include only those seizures which occurred during the reporting period and where the seizure affidavit required by Article 59.03 is sworn to by a peace officer employed by your agency (E.G. seizing officer's affidavit).

1) Amount seized and retained

\$0.00

in your agency's custody:

2) Amount seized and transferred to the District \$0.00

Attorney pending forfeiture:

3) Total Seizures -- Tris field will be auto-calculated when \$0.00 you SAVE or switch sections:

C) Interest Earned on Seized Funds During Reporting \$0.00 Period:

D) Amount Returned to Defendants/Respondents: \$0.00

E) Amount Transferred to Forfeiture Account: \$0.00

F) Other Reconciliation Items (Must provide detail in box \$0.00 below):

Description:

G) Ending Balance - This field will be auto-calculated when you SAVE or switch sections: \$0.00

Ending Balance - Mailed Form:

II. Forfeited Funds & Other Court Awards

Forfeited Funds and Other Court Awards Pursuant to Chapter 59

Funds awarded to your agency by the judicial system and which are available to spend.

A) Beginning Balance: \$1,076.82

B) Amount Forfeited to and Received by Reporting Agency (Including Interest) During Reporting Period: \$0.00

C) Interest Earned on Forfeited Funds During Reporting \$0.00 Period:

D) Amount Awarded Pursuant to 59.022: \$0.00

E) Amount Awarded Pursuant to 59.023: \$0.00

F) Proceeds Received by Your Agency From Sale of Forfeited Property: \$0.00

G) Amount Returned to Crime Victims: \$0.00

H) Other Reconciliation Items (Must provide detail in box below): \$0.00

Description:

I) Total Expenditures of Forfeited Funds During Reporting Period. This field will be auto-calculated once section VI has been completed and you save or switch sections.:

J) Ending Balance - This field will be auto-calculated when \$1,076.82 you SAVE or switch sections.:

> Total Expenditure from Mailed Form:

J) Ending Balance from Mailed Form:

III. Other Property

Other Property

List the number of items seized for each category. Include only those seizures where a seizure is made by a peace officer employed by your agency. If property is sold, list under "Proceeds Received by Your Agency From Sale of Forfeited Property" in Section II (F) in the reporting year in which the proceeds are received. Please note - this should be a number not a currency amount. Example 4 cars seized, 3 cars forfeited and 0 cars put into use.

A) Motor Vehicles (Include cars, motorcycles, tractor trailers, etc.)

1) Seized:	0
2) Forfeited to Agency:	0
3) Returned to Defendants/Respondents:	0
4) Put into use by Agency:	0
B) Real Property (Count each p	arcel seized as one item)
1) Seized:	0
2) Forfeited to Agency:	0
3) Returned to Defendants/Respondents:	0
4) Put into use by Agency:	0
C) Computers (Include compute item)	er and attached system components, such as printers and monitors, as one
Please note - this should be a nur forfeited and 0 computers put into	mber not a currency amount. For example, 4 computers seized, 3 computers use.
1) Seized:	0
2) Forfeited to Agency:	0
3) Returned to Defendants/Respondents:	0
4) Put into use by Agency:	0
D) Firearms (Include only firear under Chapter 18)	ms seized for forfeiture under Chapter 59. Do not include weapons disposed
Please note - this should be a nur firearms put into use.	nber not a currency amount. For example, 4 firearms seized, 3 firearms forfeited, 0
1) Seized:	0
2) Forfeited to Agency:	0
3) Returned to Defendants/Respondents:	0
4) Put into use by Agency:	0
E) Other Property	
Please note - this should be a nur forfeited, 0 lots of tools put into us	nber not a currency amount.For example, 4 lots of tools seized, 3 lots of tools e.
Description Seized Forfeited	To Agency Returned to Defendants/Respondents Put into use by Agency

IV. Forfeited Property Received

Forfeited Property Received From Another Agency

Enter the total number of items transferred to your agency where the forfeiture judgment awarded ownership of the	he
property to another agency prior to the transfer.	

A) Motor Vehicles: 0

B) Real Property: 0

C) Computers: 0

D) Firearms: 0

E) Other: 0

V. Forfeited Property Transferred/Loaned

Forfeited Property Transferred or Loaned to Another Agency

Enter the total number of items transferred or loaned from your agency where the forfeiture judgment awarded ownership of the property to your agency prior to the transfer.

A) Motor Vehicles: 0

B) Real Property: 0

C) Computers: 0

D) Firearms: 0

E) Other: 0

VI. Expenditures: A - D

A) Salaries

1) Increase of Salary, Expense or Allowance for Employees (Salary Supplements):

2) Salary Budgeted Solely From Forfeited Funds:

3) Number of Employees Paid Using Forfeiture Funds:

4) TOTAL SALARIES PAID OUT OF CHAPTER 59 FUNDS:

\$0.00

Total Salaries from Mailed Form:

B) Overtime

1) For Employees Budgeted by Governing Body:
2) For Employees Budgeted Solely out of Forfeiture Funds:
3) Number of Employees Paid Using Forfeiture Funds:

4) TOTAL OVERTIME PAID OUT OF CHAPTER 59 FUNDS:

50.00

Total Overtime from Mailed

Form:

C) Equipment

1) Vehicles: \$0.00
2) Computers: \$0.00
3) Firearms, Protective Body Armor, Personal Equipment: \$0.00
4) Furniture: \$0.00
5) Software: \$0.00
6) Maintenance Costs: \$0.00
7) Uniforms: \$0.00
8) K9 Related Costs: \$0.00
9) Other (Must provide detail in box below): \$0.00

Description:

10) TOTAL EQUIPMENT PURCHASED WITH \$0.00 CHAPTER 59 FUNDS:

Total Equipment from Mailed Form:

D) Supplies

1) Office Supplies: \$0.00

2) Mobile Phone and Data \$0.00

Account Fees:

3) Internet: \$0.00

4) Other (Must provide detail in \$0.00

box below):

Description:

5) TOTAL SUPPLIES PURCHASED WITH \$0.00 **CHAPTER 59 FUNDS:**

Total Supplies from Mailed Form:

VI. Expenditures: E

E) Travel

1) In State Travel

a) Transportation: \$0.00

b) Meals & Lodging: \$0.00

c) Mileage: \$0.00

d) Incidental Expenses: \$0.00

e) Total In State Travel: \$0.00

Total In State Travel from Mailed Form:

2) Out of State Travel

a) Transportation: \$0.00

b) Meals & Lodging: \$0.00

c) Mileage: \$0.00

d) Incidental Expenses: \$0.00

e) Total Out of State Travel: \$0.00

Total Out of State Travel from Mailed Form:

3) Total Travel Paid Out of Chapter 59 Funds

Total Travel Paid Out of \$0.00 Chapter 59 Funds:

Total Travel from Mailed Form:

VI. Expenditures: F - G

F) Training

1) Fees (Conferences, \$0.00

Seminars):

2) Materials (Books, CDs, Videos, etc.):

\$0.00

3) Other (Must provide detail in \$0.00

box below):

Description:

4) TOTAL TRAINING PAID OUT OF CHAPTER 59 \$0.00

FUNDS:

Total Training from Mailed

Form:

G) Investigative Costs

1) Informant Costs: \$0.00

2) Buy Money: \$0.00

3) Lab Expenses: \$0.00

4) Other (Must provide detail in

box below): \$0.00

Description:

5) TOTAL INVESTIGATIVE
COSTS PAID OUT OF \$0.00
CHAPTER 59 FUNDS:

Total Investigative Costs from Mailed Form:

VI. Expenditures: H - N

H) Prevention / Treatment Programs / Financial Assistance / Donation

1) Total Prevention/Treatment
Programs (pursuant to 59.06 \$0.00

(d-3(6), (h), (j)):

2) Total Financial Assistance (pursuant to Articles 59.06 (n) \$0.00

and (o)):

3) Total Donations (pursuant to Articles 59.06 (d-2)): \$0.00

4) Total scholarships to children of officers killed in the line of duty (pursuant to Article \$0.00

59.06 (r)):

5) TOTAL
PREVENTION/TREATMENT
PROGRAMS/FINANCIAL
ASSISTANCE/DONATIONS
(Pursuant to Articles 59.06 \$0.00 (d-3(6)), (h), (j), (n), (o), (d-2), (r)) - This field will be auto-calculated when you SAVE or switch sections:

Total
PREVENTION/TREATMENT
PROGRAMS/FINANCIAL
ASSISTANCE/DONATIONS
from Mailed Form:

I) Facility Costs

1) Building Purchase: \$0.00

2) Lease Payments: \$0.00

3) Remodeling: \$0.00

4) Maintenance Costs: \$0.00

5) Utilities: \$0.00

6) Other (Must provide detail in \$0.00

box below):

Description:

7) TOTAL FACILITY COSTS PAID OUT OF CHAPTER 59 \$0.00

FUNDS:

Total Facility Costs from Mailed Form:

J) Miscellaneous Fees

1) Court Costs: \$0.00

2) Filing Fees: \$0.00

3) Insurance: \$0.00

4) Witness Fees (including \$0.00

travel and security):

5) Audit Costs and Fees (including audit preparation \$0.00

and professional fees):

6) Other (Must provide detail in \$0.00

box below):

Description:

7) Total Miscellaneous Fees Paid Out of Chapter 59 Funds

- This will be auto-calculated \$0.00 when you SAVE or switch

sections:

Total Miscellaneous Costs from Mailed Form:

K) Paid to State Treasury / General Fund / Health & Human Services Commission

1) Total paid to State Treasury \$0.00 due to lack of local agreement pursuant to 59.06 (c): 2) Total paid to State Treasury due to participating in task \$0.00 force not established in accordance with 59.06 (q)(1): 3) Total paid to General Fund pursuant to 59.06 (c-3) (C) \$0.00 (Texas Department of Public Safety only): 4)Total forfeiture funds transferred to the Health and \$0.00 Human Services Commission pursuant to 59.06 (p): 5) TOTAL PAID TO STATE TREASURY/ GENERAL FUND/ HEALTH & HUMAN

Total Paid to State
Treasury/General fund/ Health
& Human Services
Commission from Mailed
Form:

SERVICES COMMISSION OUT OF CHAPTER 59

FUNDS:

L) Total Paid to Cooperating Agency(ies) Pursuant to Local Agreement

\$0.00

TOTAL PAID TO
COOPERATING
AGENCY(IES) PURSUANT
TO LOCAL AGREEMENT:
\$0.00

M) Total Other Expenses Paid Out of Chapter 59 Funds Which Are Not Accounted For In Previous Categories

TOTAL OTHER EXPENSES
PAID OUT OF CHAPTER 59
FUNDS WHICH ARE NOT
ACCOUNTED FOR IN \$0.00
PREVIOUS CATEGORIES
(Must provide detail in box
below):

Description:

N) Total Expenditures

TOTAL EXPENDITURES: \$0.00

Total Expenditures from Mailed Form:

Financial Professional Signature

After signing and pressing "Save", using your email address and password account access, and pursuant to the terms of service, you certify that you swear or affirm that the Commissioners Court, City Council or Head of Agency (if no governing body) has requested that you conduct the audit required by Article 59.06 of the Code of Criminal Procedure and that upon diligent inspection of all relevant documents and supporting materials, you believe that the information contained in this report is true and correct to the best of your Knowledge.

Do you acknowledge the above terms:

Typed Name of Auditor/Treasurer/Accounting Professional/Preparer::

Title: