

CHAPTER 59 ASSET FORFEITURE REPORT BY LAW ENFORCEMENT AGENCY

Agency Information

Agency Information

Year: 2020

Agency Mailing Street:

PO BOX 494

ZIP: 75474

County: Hunt

Agency Fiscal Beginning Month:

October

Hunt County

Agency Name: Constable Precinct

City: Quinlan

State: TX

Phone Number: (903) 356-4543

Agency Fiscal Ending Month: September

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).

2) Amount seized and transferred to the District \$0.00 Attorney pending forfeiture:

3) Total Seizures - This field will be auto-calculated when you SAVE or switch sections:

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

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

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Period:

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 \$0.00 you SAVE or switch sections:

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

\$0.00

C) Interest Earned on Forfeited Funds During Reporting \$0.00 Period: D) Amount Awarded Pursuant \$0.00 to 59.022: E) Amount Awarded Pursuant \$0.00 to 59.023: F) Proceeds Received by Your Agency From Sale of Forfeited \$0.00 Property: G) Amount Returned to Crime \$0.00 Victims: H) Other Reconciliation Items (Must provide detail in box \$0.00 below):

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) Eriding Balance - This field will be auto-calculated when \$214.27 you SAVE or switch sections.:

- I) Total Expenditure from Mailed Form:
- J) Ending Balance from Mailed Form:

Other Property

List the number of items seized for each category. Include only those seizures where a seizure is made by a peace d

Forfeited Property" in Section II (F	If property is sold, list under "Proceeds Received by Your Agency From Sale of) in the reporting year in which the proceeds are received. Please note - this should nt. 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 page	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
item)	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 nul firearms put into use.	mber 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 number not a currency amount. For example, 4 lots of tools seized, 3 lots of tools forfeited, 0 lots of tools put into use.

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
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

Increase of Salary, Expense or Allowance for Employees (Salary Supplements):	\$0.00
Salary Budgeted Solely From Forfeited Funds:	\$0.00
Number of Employees Paid Using Forfeiture Funds:	0

4) TOTAL SALARIES PAID OUT OF CHAPTER 59 \$0.00 FUNDS:

Total Salaries from Mailed Form:

B) Overtime

For Employees Budgeted by Governing Body:	\$0.00
2) For Employees Budgeted Solely out of Forfeiture Funds:	\$0.00
Number of Employees Paid Using Forfeiture Funds:	0

4) TOTAL OVERTIME PAID OUT OF CHAPTER 59 \$0.00 FUNDS:

Total Overtime from Mailed Form:

C) Equipment

1) Vehicles: \$0.00

2) Computers: \$0.00

3) Firearms, Protective Body Armor, Personal Equipment: \$862.55

4) Furniture: \$0.00

5) Software: \$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

\$862.55

CHAPTER 59 FUNDS:

Total Equipment from Mailed

Form:

D) Supplies

1) Office Supplies: \$0.00

2) Mobile Phone and Data

\$0.00

Account Fees:

box below):

3) Internet: \$0.00

4) Other (Must provide detail in

\$0.00

Description:

5) TOTAL SUPPLIES PURCHASED WITH

CHAPTER 59 FUNDS:

\$0.00

Total Supplies from Mailed

Form:

VI. Expenditures: E

E) Travel

1) In State Travel

a) Transportation: \$0.00

b) Meals & Lodging: \$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 Chapter 59 Funds: \$0.00

Total Travel from Mailed Form:

VI. Expenditures: F - G

F) Training

1) Fees (Conferences, Senninars): \$0.00

2) Materials (Books, CDs,

Videos, etc.): \$0.00

3) Other (Must provide detail in \$0.00

box below):

Description:

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 \$0.00

box below):

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 59.06 (r)):

5) TOTAL PREVENTION/TREATMENT PROGRAMS/FINANCIAL ASSISTANCE/DONATIONS

(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 when you SAVE or switch sections:

Total Miscellaneous Costs from Mailed Form:

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

Total paid to State Treasury
due to lack of local agreement
 pursuant to 59.06 (c):
 \$0.00

2) Total paid to State Treasury
due to participating in task
force not established in
accordance with 59.06 (q)(1):

\$0.00

3) Total paid to General Fund pursuant to 59.06 (c-3) (C) (Texas Department of Public Safety only): \$0.00

4)Total forfeiture funds transferred to the Health and Human Services Commission pursuant to 59.06 (p):

5) TOTAL PAID TO STATE TREASURY/ GENERAL FUND/ HEALTH & HUMAN SERVICES COMMISSION OUT OF CHAPTER 59 FUNDS:

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

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

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
PREVIOUS CATEGORIES
(Must provide detail in box

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\mathbf{n}	escri	ntion
	03011	

N) Total Expenditures

TOTAL EXPENDITURES: \$862.55

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: