# FY 2013 CHAPT ER 59 ASSET FORFEITURE REPORT BY LAW ENFORCEMENT AGENCY

Agency Name:	Fort Bend County Sheriff's Office	Reporting Period: (local fiscal year)	10/01/12-09/30/13
Agency Mailing Address:	1410 Williams Way Blvd.	example:	01/01/13 to 12/31/13, 09/01/12 to 08/31/13 etc.
	Richmond, TX 77469		
Phone Number:	281-341-4700		
County:	Fort Bend		
Email Address:	renee.chaffin@fortbendcountytx.gov	This should be a permanent agency email address	

### NOTE: PLEASE ROUND ALL DOLLAR FIGURES TO NEAREST WHOLE DOLLAR.

I.		SEIZED FUNDS	
	A)	Beginning Balance:	<b>\$</b> O
	В)	Seizures During Reporting Period:	
		1) Amount seized and retained in your agency's custody.	<b>\$0</b>
		2) Amount seized and transferred to the District Attorney pending forfeiture.	<b>\$0</b>
	C)	Interest Earned on Seized Funds During Reporting Period:	<b>\$</b> 0
	D)	Amount Returned to Defendants/Respondents:	<b>\$</b> 0
	E)	Amount Transferred to Forfeiture Account:	§ O
	F)	Other Reconciliation Items:	<b>\$</b> 0
	G)	Ending Balance:  Instructions: Add lines A, B(1), C and F, subtract lines D and E, put total in line G.	s <b>0</b>
I.		FORFEITED FUNDS	
	A)	Beginning Balance:	<sub>\$</sub> 457,994
	B)	Amount Forfeited to and Received by Reporting Agency (Including Interest) During Reporting Period:	s 231,114
	C)	Interest Earned on Forfeited Funds During Reporting Period :	s1,171
	D)	Proceeds Received by Your Agency From Sale of Forfeited Property:	§ O
	E)	Amount Returned to Crime Victims:	<b>\$0</b>
	F)	Other Reconciliation Items:	§ O
	G)	Total Expenditures of Forfeited Funds During Reporting Period:	s 196,615
	H)	Ending Balance: Instructions: Add lines A, B, C, D & F, subtract lines E & G, place total in line H.	s 493,664

### III. OTHER PROPERTY

Please note - this should be a number not a currency amount. Example 4 cars seized, 3 cars forfeited and 0 cars put into use.	SEIZED	FORFEITED TO AGENCY	RETURNED TO DEFENDANTS / RESPONDENTS	PUT INTO USE BY AGENCY
MOTOR VEHICLES (Include cars, motorcycles, tractor trailers, etc.)	0	0	0	0
2) REAL PROPERTY (Count each parcel seized as one item)	0	0	0	0
3) COMPUTERS (Include computer and attached system components, such as printers and monitors, as one item)	0	0	0	0
4) FIREARMS (Include only firearms seized for forfeiture under Chapter 59. Do not include weapons disposed under Chapter 18.)	0	0	0	0
5) Other Property - Description:	0	0	0	0
Other Property -Description:	0	0	0	0
Other Property -Description:	0	0	0	0

IV.			FORFEITED PROPERTY RECEIVED FROM ANOTHER AGENCY		
	A)		Motor Vehicles:		<b># 0</b>
	B)		Real Property:		# <b>0</b>
	C)		Computers:		# <b>0</b>
	D)		Firearms:		# <b>0</b>
	E)		Other:		# <b>0</b>
v.			FORFEITED PROPERTY TRANSFERRED OR LOANED TO ANOTHER AGENCY		
	A)		Motor Vehicles:		# <b>0</b>
	В)		Real Property:		# <b>0</b>
	C)		Computers:		# <b>0</b>
	D)		Firearms:		# <b>0</b>
	E)		Other:		# <b>0</b>
VI.			EXPENDITURES		
	<b>A</b> )		SALARIES		- A Marie Company
		1.	Increase of Salary, Expense, or Allowance for Employees (Salary Supplements):	s O	
		2.	Salary Budgeted Solely From Forfeited Funds:	\$0	
		3.	Number of Employees Paid Using Forfeiture Funds:	#0	
		4.	TOTAL SALARIES PAID OUT OF CHAPTER 59 FUNDS:		<sub>\$</sub> 0

В)	OVERTIME		
1.	For Employees Budgeted by Governing Body:	<b>\$</b> O	
2.	For Employees Budgeted Solely out of Forfeiture Funds:	<b>\$</b> 0	
3.	Number of Employees Paid Using Forfeiture Funds:	#0	
4.	TOTAL OVERTIME PAID OUT OF CHAPTER 59 FUNDS:		s O
C)	EQUIPMENT		
1.	Vehicles:	\$30,102	
2.	Computers:	\$12,279	,
3.	Firearms, Vests, Personal Equipment:	s O	_
4.	Furniture:	s1,514	
5.	Software:	s 16,950	_
6.	Maintenance Costs:	\$92,533	ji.
7.	Uniforms:	\$9,611	_
8.	K9 Related Costs:	§ O	_
9.	Other (Provide Detail on Additional Sheet): Boarding/Vet Fees	\$ 909	
10.	TOTAL EQUIPMENT PURCHASED WITH CHAPTER 59 FUNDS:		_ \$ 163,89
D)	SUPPLIES		
1.	Office Supplies:	<b>\$</b> 0	
2.	Cellular Air Time :	\$23,881	
3.	Internet:	<b>\$</b> O	
4.	Other (Provide Detail on Additional Sheet):	<b>\$</b> 0	
5.	TOTAL SUPPLIES PURCHASED WITH CHAPTER 59 FUNDS:		s 23,881
E)	TRAVEL		
1.	Total In State Travel	<b>\$</b> 0	
-	a) Transportation:	<b>\$</b> 0	_
	b) Meals & Lodging:	\$8,836	_
	c) Mileage:	s O	
	d) Incidental Expenses:	s O	_
2.	Total Out of State Travel	<b>\$</b> 0	_
	a) Transportation:	<b>\$</b> O	_
	b) Meals & Lodging:	s O	_
	c) Mileage:	s O	
	d) Incidental Expenses:	s O	_
	The state of the s		_

F)		TRAINING		
_	1.	Fees (Conferences, Seminars):	<b>\$</b> 0	_
_	2.	Materials (Books, CDs, Videos, etc.):	<b>\$</b> 0	_
	3.	Other (Provide Detail on Additional Sheet): Licenses	<b>\$</b> 0	_
	4.	TOTAL TRAINING PAID OUT OF CHAPTER 59 FUNDS		s O
<b>G</b> )		INVESTIGATIVE COSTS		
	1.	Informant Costs:	<b>\$</b> 0	
-	2.	Buy Money:	<b>\$</b> 0	-
5	3.	Lab Expenses:	§ O	-
-	4.	Other (Provide Detail on Additional Sheet):	§ O	_
	5.	TOTAL INVESTIGATIVE COSTS PAID OUT OF CHAPTER 59 FUNDS:		<b>\$</b> O
Н)		PREVENTION/TREATMENT PROGRAMS / FINANCIAL ASSISTANCE / DONATIONS		
	1.	Total Prevention/Treatment Programs (pursuant to 59.06 (h), (j):	§ O	
-	2.	Total Financial Assistance (pursuant to Articles 59.06 (n) and (o)):	<b>\$</b> 0	•
-	3.	Total Donations (pursuant to Articles 59.06 (d-2)):	<b>\$</b> 0	•
_	4.	TOTAL PREVENTION/TREATMENT PROGRAMS / FINANCIAL ASSISTANCE / DONATIONS (pursuant to Articles 59.06 (h), (j), (n), (o) (d-2)):		\$ O
I)		FACILITY COSTS		***
	1.	Building Purchase:	<b>\$</b> 0	
	2.	Lease Payments:	<b>\$</b> 0	-
_	3.	Remodeling:	<b>\$</b> 0	_
-	4.	Maintenance Costs:	<b>\$</b> 0	_
-	5.	Utilities:	<b>\$</b> 0	
-	6.	Other (Provide Detail on Additional Sheet):	§ O	
7	7.	TOTAL FACILITY COSTS PAID OUT OF CHAPTER 59 FUNDS:		<b>\$ 0</b>
J)		MISCELLANEOUS FEES		
	1.	Court Costs:	<b>\$</b> 0	
-	2.	Filing Fees:	<b>\$</b> O	
j <del>-</del>	3.	Insurance:	§ O	_
-	4.	Witness Fees:	<b>\$</b> 0	
-	5.	Audit Costs and Fees:	<b>\$</b> 0	
_		Other (Provide Detail on Additional Sheet):	§ O	-
	6.	Other (Flovide Detail on Auditional Sheet).	30	

# K) PAID TO STATE TREASURY / GENERAL FUND / HEALTH & HUMAN SERVICES COMMISSION:

	1.	Total paid to State Treasury due to lack of local agreement pursuant to 59.06 ( c):	<b>\$</b> 0	
	2.	Total paid to State Treasury due to participating in task force not established in accordance with 59.06 (q)(1):	\$ O	
	3.	Total paid to General Fund pursuant to 59.06 (C-3) (c) (Texas Department of Public Safety only):	\$ O	
	4.)	Total forfeiture funds transferred to the Health and Human Services Commission pursuant to 59.06 (p):	s O	
	5)	TOTAL PAID TO STATE TREASURY / GENERAL FUND / HEALTH & HUMAN SERVICES COMMISSION OUT OF CHAPTER 59 FUNDS:		s 0
L)		TOTAL PAID TO COOPERATING AGENCY(IES) PURSUANT TO LOCAL AGREEMENT:		<sup>\$</sup> 0
M)		TOTAL OTHER EXPENSES PAID OUT OF CHAPTER 59 FUNDS WHICH ARE NOT ACCOUNTED FOR IN PREVIOUS CATEGORIES (provide detailed descriptions on additional sheet(s) and attach to this report):		<sub>\$</sub> 0
N)		TOTAL EXPENDITURES:		s 196,615

#### NOTE: BOTH CERTIFICATIONS MUST BE COMPLETED

## AUDITOR / TREASURER / ACCOUNTING PROFESSIONAL CERTIFICATION

I swear or affirm that the Commissioners Court, City Council or Agency Head (if no governing body) has requested that I 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, I believe that the information contained in this report is true and correct.

AUDITOR, TREASURER or ACCOUNTING PROFESSIONAL (Printed Name):	Robert Ed Sturdivant
TITLE:	Fort Bend County Auditor
SIGNATURE:	Vall & Str
DATE:	11/14/13

### AGENCY HEAD CERTIFICATION

I swear or affirm, under penalty of perjury, that I have accounted for the seizure, forfeiture, receipt, and specific expenditure of all proceeds and property subject to Chapter 59 of the Code of Criminal Procedure, and that upon diligent inspection of all relevant documents and supporting materials, this asset forfeiture report is true and correct and contains all information required by Article 59.06 of the Code of Criminal Procedure. I further swear or affirm that all expenditures reported herein were lawful and proper, and made in accordance with Texas law.

AGENCY HEAD (Printed Name): Troy Nehls, Fort Bend County Sheriff

SIGNATURE:	Troy E. Nehls	
DATE:	11 /3 /3	

RETURN COMPLETED FORM TO:

Office of the Attorney General Criminal Prosecutions Division

P.O. Box 12548

Austin, TX 78711-2548 Attn: Kent Richardson

(512)463-1591

Chapter 59 Audit Report @texas attorney general.gov

WE CANNOT ACCEPT FAXED OR EMAILED COPIES. PLEASE MAIL THE SIGNED, ORIGINAL DOCUMENT TO OUR OFFICE AT THE ADDRESS ABOVE.