

# Agency Information

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## Agency Information

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Year:	2018	Agency Name:	<a href="#">Fort Bend County Constable Precinct 1</a>
Agency Mailing Street:		City:	Richmond
1517 Eugene Heimann Circle		State:	TX
ZIP:	77469	Phone Number:	(281) 341-4532
County:	Fort Bend	Agency Fiscal Ending Month:	September
Agency Fiscal Beginning Month:	October		

## I. Seized Funds

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**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 in your agency's custody: \$0.00

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

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

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

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 below): \$0.00

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

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### 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: \$1,187.00

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

C) Interest Earned on Forfeited  
Funds During Reporting Period: \$23.00

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.: \$0.00

J) Ending Balance - This field will be auto-calculated when you SAVE or switch sections.: \$1,210.00

I) Total Expenditure from Mailed Form:

J) Ending Balance from Mailed Form:

### III. Other Property

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#### 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 parcel 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 computer and attached system components, such as printers and monitors, as one item)**

*Please note - this should be a number not a currency amount. For example, 4 computers seized, 3 computers forfeited and 0 computers put into 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 firearms seized for forfeiture under Chapter 59. Do not include weapons disposed under Chapter 18)**

*Please note - this should be a number not a currency amount. For example, 4 firearms seized, 3 firearms forfeited, 0 firearms put into use.*

- 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.*

Description	Seized	Forfeited To Agency	Returned to Defendants/Respondents	Put into use by Agency
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## 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**

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### **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**

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### **A) Salaries**

- 1) Increase of Salary, Expense  
or Allowance for Employees  
(Salary Supplements): \$0.00
- 2) Salary Budgeted Solely  
From Forfeited Funds: \$0.00
- 3) Number of Employees Paid  
Using Forfeiture Funds: 0
- 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: \$0.00
- 2) For Employees Budgeted  
Solely out of Forfeiture Funds: \$0.00
- 3) Number of Employees Paid  
Using Forfeiture Funds: 0
- 4) TOTAL OVERTIME PAID  
OUT OF CHAPTER 59 FUNDS: \$0.00

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  
Account Fees: \$0.00

3) Internet: \$0.00

4) Other (Must provide detail in  
box below): \$0.00

Description:

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

Total Supplies from Mailed  
Form:

## **VI. Expenditures: E**

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#### **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  
Chapter 59 Funds: \$0.00

Total Travel from Mailed Form:

# VI. Expenditures: F - G

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## F) Training

- 1) Fees (Conferences, Seminars): \$0.00
- 2) Materials (Books, CDs, Videos, etc.): \$0.00
- 3) Other (Must provide detail in box below): \$0.00

Description:

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

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

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### 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 \$0.00  
line of duty (pursuant to Article  
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 box below): \$0.00

Description:

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

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 travel and security): \$0.00
- 5) Audit Costs and Fees (including audit preparation and professional fees): \$0.00
- 6) Other (Must provide detail in box below): \$0.00

Description:

7) Total Miscellaneous Fees  
Paid Out of Chapter 59 Funds  
- This will be auto-calculated when you SAVE or switch sections: \$0.00

Total Miscellaneous Costs  
from Mailed Form:

### 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): \$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): \$0.00

5) TOTAL PAID TO STATE  
TREASURY/ GENERAL  
FUND/ HEALTH & HUMAN  
SERVICES COMMISSION  
OUT OF CHAPTER 59  
FUNDS: \$0.00

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 \$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

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*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 : Yes

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

Title: Internal Audit  
Supervisor

## Head of Agency Certification

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*After signing and pressing "Submit" using your email address and password account access, and pursuant to the terms of service you swear or affirm, under penalty of perjury, that you 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. You further swear or affirm that, to the best of your knowledge, all expenditures reported herein were lawful and proper, and made in accordance with Texas law.*

Do you acknowledge the  
above terms : Yes

Year: 2018

Typed Name of Head of  
Agency:: Michael Beard

Title: Constable

Date: 10/22/2018

Comments:

