FORT BEND COUNTY FY 2009 2010 COMMISSIONERS COURT AGENDA REQUEST FORM

12

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 10.14.09	Submitted By: Laura Johnson For: County Attorney				
Court Agenda Date: 10.20.09	Phone Number: 4556				
SUMMARY OF ITEM:					
Approve FY2009 Chapter 59 Asset Forfeiture Repo	ort for the County Attorney Office.				
RENEWAL AGREEMENT/APPOINTMENT REVIEWED BY COUNTY ATTORNEY'S OFF	YES NO ICE: YES X NO				
List Supporting Documents Attached:					
FINANCIAL SUMMARY:					
BUDGETED ITEM: YES NO					
FUNDNG SOURCE: Accounting Unit: Activity (If Applicable):	Account Number:				
DESCRIPTION OF LAWSOM ACCOUNT:					
Instructions to submit Agenda Request Form: Completely fill out agenda form: incomplete forms will not be processed. Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up					
information must be provided by Wednesday at 2:00 p.m. to all those listed below. • All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.					
DISTRIBUTION: Original Form Submitted with back up to Count	v Judge's Office ☐ (✓ when completed)				
If by E-Mail to ospindon@co.fort-bend.tx.us	If by Fax to (281) 341-8609				
Distribute copies with back-up to all listed below Auditor (281-341-37)					
Budget Officer (281-344-39	, = , ,				
Facilities/Planning (281-633-702	22)				
Purchasing Agent (281-341-864					
Engineering	County Clerk (281-341-8697)				
RECOMMENDATION / ACTION REQUESTED:					
Special Handling Requested (specify):					
opolia. Hallaning Rodactica (opoliny).					

10-22-09 copy received

FY 2009 CHAPTER 59 ASSET FORFEITURE REPORT BY LAW ENFORCEMENT AGENCY

Ager	ncy Name:	Fort Bend County Attorney	Reporting Period: (local fiscal year)	10/01/	08 to 09/30/09	
Agency Mailing Address:		301 Jackson, Suite 728	example:		o 12/31/09, o 08/31/09 etc.	
		Richmond, Texas 77469				
Phon	e Number:	281-341-4555				
County:		Fort Bend				
NOTI	E: PLEASE Beginning Ba	ROUND ALL DOLLAR FIGURES TO NE	AREST WHOLE I	OOLLAR.		
	A) Forfeited I	runds		2	0	
	INSTRUCTI or in your age include funds					
	B) Seized Fur		••	2	0	
INSTRUCTIONS: include total amount of seized funds on hand (in your agency's possession) at beginning of reporting period. Include funds that may have been forfeited but have not been transferred to your agency's forfeiture account. Do not include funds that are in an account held by another agency, e.g., the District Attorney's account.						
n	Seizures and 1	Forfeiture Receipts during Reporting Period				
	А) Сштепсу а	and Negotiable Instruments				
	l) Amount	Scized by Reparting Agency	10,150.000.000.000	S	0	
		ONS: Include only those seizures which occurred during the ure affidavit required by Article 19.03 is sworn to by a peac ry.				
	2) Amount	Forfeited to and Received by Reporting Agency (including	j interest)	S	0	
		ONS: Do not include amounts forfeited but not yet received to the amount earned prior to forfeiture and distributed as p				
	3) Amount	Returned to Defendants		\$	0	
1	59.03 is sw	ty nher of items seized for the following categories. Include o orn to by a peace officer employed by the agency filing thi v Reporting Agency from Sale of Above-Listed Property" (s	s report. If property is so	old or is to be s	old, list under "Proceeds	

Form date 03/24/09

Page 1

	e note - this should be a number not a currency amount. ple 4 cars seized, 3 cars forfeited and 0 cars put into use.	SEIZED	FORFEITED TO AGENCY	1	F INTO USE BY ENCY		
	MOTOR VEHICLES (Include cars, motorcycles, tractor s, etc.)						
2) RI	EAL PROPERTY (Count each parcel seized as one item)						
	OMPUTERS (Include computer and attached system onems, such as printers and monitors, as one item)						
	REARMS (Include only firearms seized for forfeiture under er 59. Do not include weapons disposed under Chapter 18.)						
	her Property:						
	Property:						
	Property:						
III.	III. Proceeds Received by Reporting Agency from Sale of Above-Listed Property (Categories 1 through 5)						
	INSTRUCTIONS; Enter the total dollar amount or total a sharing agreement where the forfeiture judgment awa another agency prior to it being transferred to your agency	arded ownership of the					
	A. Proceeds - (should be a dollar amount)		_	\$	0		
	B. Vehicles (should be a number not a currency amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·		
	C. Other - (should be a number not a currency amount)	1868-1979 614 1037 coop thedga (battagad) and	<u>-</u>				
v.	Interest Earned on Forfeited Funds During Reporting Period	od		<u>s</u>	0		
	INSTRUCTIONS: Include only the amount of interest carned on funds derived from the sale of forfeited proper funds are on deposit in an account that does not belong to yo	ty. Do not include men	est carned if				

Form date 03/24/09 Page 2

account.

VI.	Expenditures					
	category is ONLY for expenditures ma	nt expended for each of the following categories. The ade from Chapter 59 funds. If proceeds are expend- ount and nature of the expenditure under the "Other	ed ed			
	Salaries	0044774, 0074 015, 1204744 1404 1415 141 141 141 141 141 141 141 141 1		<u>s</u>	_0_	
	Overtime	g _p a = \$000\$ \$44 = \$46 \$000\$ \$000 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45		S	0	
	Equipment (includes vehicles, computer	rs & software, maintenance costs, etc.)		5	0_	
	Supplies (includes cellular air time, mis-	cellaneous commodities)		s	0	
	Travel	na har did daga pid himmann (Ottoma e rodda a a dda a a a d a e a ar		s	0	
	Training	**************************************		s	0_	
	Paid to or Shared with Cooperating Age	Paid to or Shared with Cooperating Agency			0	
	Confidential Informant Payments Prevention / Treatment Programs Facility Costs (building purchase, lease payments, remodeling, maintenance fees etc.) Miscellaneous Fees (bank account service charges, insurance, audit fees, witness fees etc.).			\$	0	
				\$	0	
				s	0	
				\$	0	
	Other: (attach additional sheets if nece	essary)				-
	Description:	\$				
	Description:	<u> </u>				
	Description:	\$	Other Total	<u>s</u>	0	
	TOTAL EXPENDITURES:	# # # # # # # # # # # # # # # # # # #		\$	0	
		CERTIFICATION				
APPRO BODY	ITY JUDGE, MAYOR OR OTHER OPRIATE HEAD OF GOVERNING OR DESIGNEE:	Robert Hebert	· · · · · · · ·	······································	 	
TITLE	.	Fort Bend County Judge				
Signa	ATURE:	Clotens De	leu	1		
DATE	:	October 20, 2009			· · · · · · · · · · · · · · · · · · ·	
RETU	RN COMPLETED FORM TO:	Office of the Attorney General Criminal Prosecutions Division, ATTN: Kent Ri P.O. Box 12548 Austin, TX 78711-2548	chardson			
	<u> 7724(Üjoag, state. 1x. us</u> 05-8882	kent.richardson@nag.smte.tx.us (512)936-1348 FAX (512)494-8283				

Page 3