

FY 2012  
**CHAPTER 59 ASSET FORFEITURE REPORT  
 BY LAW ENFORCEMENT AGENCY**

Agency Name:	Nueces County Constable Pct 3	Reporting Period: (local fiscal year)	10-01-2011 / 09-30-2012
Name of Agency Head (Chief, Sheriff etc.) (Printed)	Jimmy Rivera	example:	01/01/12 to 12/31/12, 09/01/11 to 08/31/12 etc.
Agency Mailing Address:	P.O. Box 656		
	Bishop, TX. 78343		
Phone Number:	361-584-3262		
County:	Nueces		
Email Address:	jimmy.rivera@co.nueces.tx.us	This should be a permanent agency email address	

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

**I. SEIZED FUNDS (Funds that have been seized, but have not yet been awarded to your agency by the judicial system)**

A) Beginning Balance: <b>Instructions:</b> 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. <b>Do not</b> include funds that are in an account held by another agency, e.g., the District Attorney's account.	\$ 0
B) Ending Balance: <b>Instructions:</b> Include total amount of seized funds on hand (in your agency's possession) at end of reporting period. <b>Do not</b> include funds that are in an account held by another agency, e.g. the District Attorney's account.	\$ 0

**II. FORFEITED FUNDS (Funds awarded to your agency by the judicial system)**

A) Beginning Balance: <b>Instructions:</b> Include total amount of forfeited funds that have been forfeited to your agency and are on hand (in your agency's account or in your agency's possession) at the beginning of the reporting period including interest. <b>Do not</b> include funds that have been forfeited but not yet received by your agency.	\$ 17,165.00
B) Ending Balance: <b>Instructions:</b> Include total amount of forfeited funds that have been forfeited to your agency and are on hand (in your agency's account or in your agency's possession) at the end of the reporting period including interest. <b>Do not</b> include funds that have been forfeited but not yet received by your agency.	\$ 21,566.00

**III. SEIZURES DURING REPORTING PERIOD**

A) Funds:	
<b>Instructions:</b> 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
2) Amount seized and transferred to the District Attorney pending forfeiture:	\$ 0
B) Property:	
<b>Instructions:</b> List the number of items seized for the following categories. Include only those seizures where a seizure is made by a peace officer employed by your agency.	

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

**IV. FORFEITED FUNDS RECEIVED DURING REPORTING PERIOD**

Amount Forfeited to and Received by Reporting Agency (Including Interest) During Reporting Period: <b>Instructions:</b> Do not include amounts forfeited but not yet received by your agency; interest refers to the amount earned prior to forfeiture and distributed as part of the judgment of forfeiture.	\$ 8,635.00
--	-------------

**V. FORFEITED PROPERTY RECEIVED FROM ANOTHER AGENCY**

**Instructions:** 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 (the number of vehicles, not a currency amount):	0
B) Real Property (the number of separate parcels of property, not a currency amount):	0
C) Computers (the number of computers, not a currency amount):	0
D) Firearms (the number of firearms, not a currency amount):	0
E) Other (the number of items, not a currency amount):	0

**VI. FORFEITED PROPERTY TRANSFERRED OR LOANED TO ANOTHER AGENCY**

**Instructions:** 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 (the number of vehicles, not a currency amount):	0
B)	Real Property (the number of separate parcels of property, not a currency amount):	0
C)	Computers (the number of computers, not a currency amount):	0
D)	Firearms ( the number of firearms, not a currency amount):	0
E)	Other (the number of items, not a currency amount):	0

VII.

**EXPENDITURES**

**Instructions:** This category is for Chapter 59 expenditures SOLELY for law enforcement purposes - not for expenditures made pursuant to your general budget. List the total amount expended for each of the following categories. If proceeds are expended for a category not listed, state the amount and nature of the expenditure under the Other category.

<b>A) SALARIES</b>		
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:	
<b>TOTAL SALARIES PAID OUT OF CHAPTER 59 FUNDS:</b>		\$ 0

<b>B) OVERTIME</b>		
1.	For Employees Budgeted by Governing Body:	\$
2.	For Employees Budgeted Solely out of Forfeiture Funds:	\$
3.	Number of Employees Paid Using Forfeiture Funds:	
<b>TOTAL OVERTIME PAID OUT OF CHAPTER 59 FUNDS:</b>		\$ 0

<b>C) EQUIPMENT</b>		
1.	Vehicles:	\$ 4,234.00
2.	Computers:	\$
3.	Firearms, Vests, Personal Equipment:	\$
4.	Furniture:	\$
5.	Software:	\$
6.	Maintenance Costs:	\$
7.	Uniforms:	\$
8.	K9 Related Costs:	\$
9.	Other (Provide Detail on Additional Sheet):	\$
<b>TOTAL EQUIPMENT PURCHASED WITH CHAPTER 59 FUNDS:</b>		\$ 4,234.00

D) SUPPLIES	
1. Office Supplies:	\$
2. Cellular Air Time :	\$
3. Internet:	\$
4. Other (Provide Detail on Additional Sheet) :	\$
<b>TOTAL SUPPLIES PURCHASED WITH CHAPTER 59 FUNDS:</b>	
	\$ 0

E) TRAVEL	
1. In State Travel	
a) Transportation:	\$
b) Meals & Lodging:	\$
c) Mileage:	\$
d) Incidental Expenses (Any other travel expense not included on a, b, or c above):	\$
Total In State Travel	\$
2. Out of State Travel	
a) Transportation:	\$
b) Meals & Lodging:	\$
c) Mileage:	\$
d) Incidental Expenses (Any other travel expense not included on a, b, or c above):	\$
Total Out of State Travel	\$
<b>TOTAL TRAVEL PAID OUT OF CHAPTER 59 FUNDS:</b>	
	\$ 0

F) TRAINING	
1. Fees (Conferences, Seminars):	\$
2. Materials (Books, CDs, Videos, etc.):	\$
3. Other (Provide Detail on Additional Sheet):	\$
<b>TOTAL TRAINING PAID OUT OF CHAPTER 59 FUNDS</b>	
	\$ 0

G) INVESTIGATIVE COSTS	
1. Informant Costs:	\$
2. Buy Money:	\$
3. Lab Expenses:	\$

4. Other (Provide Detail on Additional Sheet) :

\$

**TOTAL INVESTIGATIVE COSTS PAID OUT OF CHAPTER 59 FUNDS:**

\$ 0

**H) TOTAL PREVENTION/TREATMENT PROGRAMS/FINANCIAL ASSISTANCE**

1. Total Prevention/Treatment Programs (pursuant to 59.06 (h), (l), (j)):

\$

2. Total Financial Assistance (pursuant to Articles 59.06 (n) and (o)):

\$

**TOTAL PREVENTION/TREATMENT PROGRAMS/FINANCIAL ASSISTANCE (pursuant to Articles 59.06 (h), (l), (j), (n), (o)):**

\$ 0

**I) FACILITY COSTS**

1. Building Purchase:

\$

2. Lease Payments:

\$

3. Remodeling:

\$

4. Maintenance Costs:

\$

5. Utilities:

\$

6. Other (Provide Detail on Additional Sheet):

\$

**TOTAL FACILITY COSTS PAID OUT OF CHAPTER 59 FUNDS:**

\$ 0

**J) MISCELLANEOUS FEES**

1. Court Costs:

\$

2. Filing Fees:

\$

3. Insurance:

\$

4. Witness Fees:

\$

5. Audit Costs and Fees:

\$

6. Other (Provide Detail on Additional Sheet):

\$

**TOTAL MISCELLANEOUS FEES PAID OUT OF CHAPTER 59 FUNDS:**

\$ 0

**K) PAID TO OR SHARED WITH COOPERATING AGENCY:**

\$

**L) TOTAL OTHER PAID OUT OF CHAPTER 59 FUNDS (provide detailed descriptions on additional sheet(s) and attach to this report):**

\$

**M) TOTAL EXPENDITURES:**

\$ 4,234.00

12 NOV -8 PM 12: 01

**NOTE: If you are governed by a Commissioners Court or a City Council, BOTH CERTIFICATIONS MUST BE COMPLETED. Otherwise, please complete the Agency Head Certification.**

CERTIFICATION

I swear or affirm that the Commissioners Court or City Council has conducted the audit required by Article 59.06 of the Code of Criminal Procedure, unless after due inquiry, it has been determined that no accounts, funds or other property pursuant to Chapter 59 of the Code of Criminal Procedure are being held or have been transacted in the relevant fiscal year by the agency for which this report is being completed, and that upon diligent inspection of all relevant documents and supporting materials, I believe that this asset forfeiture report is true and correct and contains all of the required information.

COUNTY JUDGE, MAYOR or CITY  
MANAGER

(Printed Name):

Judge Samuel L. Neal, Jr.

SIGNATURE:

DATE:

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):

Constable Jimmy Rivera

SIGNATURE:

DATE:

**RETURN COMPLETED FORM TO:**

Office of the Attorney General  
Criminal Prosecutions Division  
P.O. Box 12548  
Austin, TX 78711-2548  
Attn: Kent Richardson  
(512)936-1348  
[kent.richardson@oag.state.tx.us](mailto:kent.richardson@oag.state.tx.us)

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