

REPORT OF LEVIED AND SEIZED VEHICLE

(Code of Virginia § 46.2-644)

Purpose: Authorized officials use this form to report a levied and seized motor vehicle, trailer or semitrailer.
Instructions: The official making the vehicle seizure must complete all sections of this form and return it to DMV Titling Work Center at the above address.

COURT INFORMATION

COURT NAME	PLAINTIFF NAME	DEFENDANT NAME
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LEVIED AND SEIZED VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL	BODY TYPE	COLOR	PLATE NUMBER
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CERTIFICATION

AUTHORIZED OFFICIAL NAME	DATE OF VEHICLE SEIZURE (mm/dd/yyyy)	SHERIFF SERVICES REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORIZED OFFICIAL TITLE	AGENCY		
AUTHORIZED OFFICIAL ADDRESS	CITY	STATE	ZIP CODE

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

AUTHORIZED OFFICIAL SIGNATURE	DATE (mm/dd/yyyy)
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