



U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

NOV 12 2020

VIA CERTIFIED AND ELECTRONIC MAIL

Dan Alban, Esq.
Institute for Justice
901 N. Glebe Rd., Suite 900
Arlington, VA 22203

Dalban@ij.org

Re: Asset ID No.: [REDACTED]
Property: \$43,167.00 U.S. Currency
Client: Stacy Ann Jones-Nasr

Dear Mr. Alban:

I am writing to inform you of the decision to return the above-referenced property. In order to receive the funds, your client must complete the "Employee/Vendor/Payee Information" and "Financial Institution Information" sections on the enclosed "UFMS Vendor Request Form." As discussed, since two parties sent in separate Claims for the entire amount of the funds, DEA requires a written signed statement, in which one party confirms that the other party should receive the entire amount of the funds.

The completed form must be returned to this office at the DEA address or e-mail noted below within thirty (30) days of your receipt of this letter. **The "Employee/Vendor/Payee Information" section of the "UFMS Vendor Request Form" must contain your client's name and taxpayer ID number. Please print or type when completing the form(s).** The payment will be made by electronic funds transfer to the bank account designated on the UFMS Vendor Request Form. Please be advised it may take a minimum of 60 days before the property can be returned to you.

The Debt Collection Improvement Act of 1996, 31 United States Code § 3716, requires the Department of the Treasury and other disbursing officials to offset Federal payments to collect delinquent non-tax debts owed to the United States, or delinquent debts owed to states, including past-due child support enforced by states. If an offset is made during an electronic funds transfer, the claimant will receive a notification from the Department of the Treasury at the last address provided by the debtor to the creditor. If you believe that your payment may be subject to an offset, you may contact the Treasury Department at the following number: 1-800-304-3107. Failure to return the form may result in the initiation of abandonment proceedings pursuant to Title 41, Code of Federal Regulations, Part 128-48.

Further correspondence with this office, including the completed "UFMS Vendor Request Form," must include the Asset ID number referenced above and be addressed to the Forfeiture Counsel, Asset Forfeiture Section, Drug Enforcement Administration, HQs Forfeiture Response, 8701 Morrisette Drive, Springfield, Virginia 22152. Alternatively, you may e-mail (*preferred method*) the form to DEA.AFS-ACH.Processing@usdoj.gov.

Regards,

DOUGLAS KASH

Digitally signed by DOUGLAS

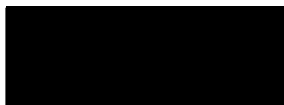
KASH

Date: 2020.11.12 10:13:39 -05'00'

Douglas A. Kash
Senior Attorney
Asset Forfeiture Section

Enclosure(s)

cc:





U.S. DEPARTMENT OF JUSTICE

Unified Financial Management System (UFMS) Vendor Request Form

This form must be electronically filled out, no handwritten forms will be accepted

1. Request Type:

2. Is Vendor Required to Register in SAM?

If the vendor is required to register in SAM.gov, please have them do so before completing this form. SAM.gov Registration exceptions can be found in FAR 4.1102. The assumption is that the SAM.gov information is valid. If the information currently listed at SAM.gov or in the UFMS is incorrect, then the vendor should be contacted to update their SAM.gov information.

3. If No, What is the FAR Exemption?

USDOJ Component Information

4. Date of Request:	<input type="text"/>	5. Requesting Component:	<input type="text" value="U.S. Marshals Service"/>
6. Component Contact:	<input type="text" value="AFD.ACHForms@usdoj.gov"/>	7. Office Phone Number:	<input type="text" value="(703) 740-9326"/>
8. Purpose of Request:	<input type="text" value="Asset Forfeiture - Return of Funds/Settlement Payment"/>		
9. UFMS Security Org:	<input type="text" value="USMS"/>	10. Vendor Type:	<input type="text" value="Non-Vendor (NON)"/>
11. Component-Specific Justification:	<input type="text" value="N/A"/>		
12. Payment Type:	<input type="text" value="PPD"/>	13. Prompt Pay Type:	<input type="text" value="Non-PromptPayAct (NONPPA)"/>

Employee/Vendor/Payee Information

14. Vendor Name:	<input type="text"/>		
15. DUNS Number +4:	<input type="text" value="N/A"/>	16. SSN	<input type="text"/>
17. Street Address:	<input type="text"/>		
18. City, State, Zip:	<input type="text"/>		
19. Country:	<input type="text" value="United States of America"/>	20. Email Address:	<input type="text"/>
21. Vendor Phone Number:	<input type="text"/>	22. Fax Number:	<input type="text"/>
23. Vendor Contact:	<input type="text"/>	24. NCIC/TPID Code:	<input type="text"/>
25. Federal Government Agency Location Code (ALC):	<input type="text" value="N/A"/>		

Financial Institution Information

26. Bank Name:	<input type="text"/>		
27. Street Address:	<input type="text"/>		
28. City, State, Zip:	<input type="text"/>		
29. Country:	<input type="text" value="United States of America"/>	30. Bank Phone Number:	<input type="text"/>
31. ABA Number:	<input type="text"/>	32. Account Number:	<input type="text"/>
33. Account Type:	<input type="text"/>	Re-Enter Account Number:	<input type="text"/>

PRIVACY ACT STATEMENT: The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.



20-664466-039

U.S. DEPARTMENT OF JUSTICE

UFMS Vendor Request Form Instructions for Asset Forfeiture - Return of Funds - Settlement Payment

USDOJ Component Information

- Box 4. Date of Request: Enter the **Date** the request will be submitted
- Box 12. Payment Type: Review the options below:
- Enter **CCD** for payment to a Corporate account
 - Enter **PPD** for payment to a Personal account
 - Enter **Check** if requesting to be paid by check *Note: If Check is selected, Boxes 17- 19 must contain a valid mailing address and Boxes 26 - 33 will remain blank.*

Employee/Vendor/Payee Information

- Box 14. Vendor Name: Enter the name of the individual/business (i.e., Defendant, Claimant, Petitioner) legally entitled to the funds
- If an attorney filling out this form on behalf of a client - Enter the **Client's name** followed by "c/o [Attorney's name]"
- Box 16. EIN/SSN/TIN: Enter the Tax ID Number of the individual/business legally entitled to the funds
- If a business - Select **EIN/TIN** and enter **Tax ID Number (e.g., 12-3456789)**
 - If an individual - Select **SSN** and enter the **Social Security Number (e.g., 123-45-6789)**
 - If an attorney filling out form on behalf of client - Select **SSN** and enter the **Client's Social Security Number (e.g., 123-45-6789)**
- Box 17. Street Address: Enter **current address**
- Box 18. City, State, Zip Code: Enter **current city, state, and zip code**
- Box 19. Country: Enter the **country** of address in Boxes 17 and 18
- Box 20. E-mail Address: Enter **e-mail address** relative to party identified in Box 14
- Box 21. Vendor Phone No.: Enter **phone number** relative to party identified in Box 14
- Box 23. Contact Name: Enter the **name of the point of contact** relative to party identified in Box 14

Financial Institution Information (If applicable)

- Box 26. Bank Name: Enter the **name of the bank** where funds are to be transferred
- Box 27. Street Address: Enter the **address for the bank** in Box 26
- Box 28. City, State, Zip Code: Enter the **city, state, and zip code for the bank** in Box 26
- Box 30. Bank Phone No.: Enter the **phone number** for the bank in Box 26
- Box 31. ABA Number: Enter the nine digit **routing number for the bank** holding the account where funds are to be transferred
- Box 32. Account Number: Enter the **account number** where funds are to be transferred
- Box 33. Account Type: Enter the appropriate **account type** for the account number in Box 32
- Corporate Savings
 - Corporate Checking (i.e. Trust, IOLTA, etc.)
 - Personal Checking
 - Personal Savings

Submit completed form(s) to DEA.AFS-ACH.Processing@usdoj.gov.