



**MONTGOMERY COUNTY
BOARD OF COMMISSIONERS**

VALERIE A. ARKOOSH, MD, MPH, CHAIR
KENNETH E. LAWRENCE, JR., VICE CHAIR
JOSEPH C. GALE, COMMISSIONER

CLERK OF COURTS

MONTGOMERY COUNTY COURTHOUSE • PO Box 311
NORRISTOWN, PA 19404-0311

610-278-3346
FAX: 610-292-2153
WWW.MONTCOPA.ORG

LORI SCHREIBER
CLERK OF COURTS

JIMMY DIPLACIDO
FIRST DEPUTY

NADINE DEANGELIS
ASSISTANT DEPUTY

MELISSA JENKINS
ASSISTANT DEPUTY

Motion for Return of Property

Filing Fee - \$29.75 Cash, Credit, or Money Orders will be accepted for the filing fee. We do **not** accept personal checks at the time of the filing.

Your motion should be typed and completed similar to the attached example. You must fill out your own motion unless you are represented by an attorney.

If you have any questions, please contact Clerk of Courts at 610-278-3346

MOTION FOR RETURN OF PROPERTY

(SAMPLE)

Case Number

Commonwealth of Pennsylvania

Vs.

Your Name

Motion for Return of Property

Your name and address

State you are the owner of the property and give a description of the property seized, (be specific) include description, make, model and serial number of the property seized.

State which police department seized the property and give the date of the seizure.

State that the property seized is not contraband or derivative contraband.

Wherefore, I (your name) request that the (name of police department) release the property seized as above described to (your name).

I (your name) certify that the above information is true and correct, subject to the legal penalties as set forth in the statute.

Your Name

Your Signature

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DEFENDANT'S VITAL STATISTICS

1. NAME _____

2. CURRENT ADDRESS _____

PHONE _____

3. DATE OF BIRTH _____

4. RACE _____ 5. SEX _____ 6. AGE _____

7. WEIGHT _____ 8. HEIGHT _____

9. SPECIAL PHYSICAL CHARACTERISTICS (SCARS, TATTOOS, ETC.) _____

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA
CRIMINAL ACTION – LAW

COMMONWEALTH OF PENNSYLVANIA : Docket No.: MD-_____

v. :

Defendant :

CERTIFICATE OF SERVICE

I, _____, the undersigned, hereby state that I served, on the date set forth below, a copy of "MOTION TO FILE RETURN OF PROPERTY" and the scheduling date of _____, 20____, upon the Montgomery County District Attorney's Office, Fourth Floor, Court House, Norristown, PA 19404.

I verify that the statements made in this Certificate of Service are true and correct. I understand that false statements herein made are subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsifications to authorities.

Signature

Date