State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

Send to:
Utah Division of Consumer Protection
Attention: Complaint Processor
Heber M. Wells Building, 2nd Floor
160 East 300 South, PO Box 146704
Salt Lake City, UT 84114-6704
(801) 530-6601 | (801) 530-6001 fax

Property Disposition Hearing Application

Notice: This application must be filled out completely and submitted to the Division to request a hearing for the disposition of property related to a criminal investigation. If you are the original victim (original owner of stolen item), you MUST include:

1- A copy of your sworn statement to the criminal law enforcement agency investigating your case
2- A letter from the prosecuting agency having jurisdiction over the matter that the property is not needed for prosecution (Please contact your detective or officer handling the case to have them obtain the letter from the prosecutor's office)

Original Victim Information

Original Victim Name			Home telephone number	Daytime or Work telephone
Street Address				
City	State	Zip Code	E-mail Address	

Pawnshop or Secondhand Merchant Information

Name of Business Entity			Daytime telephone number	Other telephone or facsimile
Street Address				
City	State	Zip Code	E-mail Address	

Investigating Law Enforcement Agency Information

Name of police agency			Daytime Telephone number	Other telephone or facsimile
Street Address				
City	State	Zip Code		
Detective or Officer handling case		Case Number		

Have criminal charges been filed by the above agency or any other agency? ☐ Yes ☐ No

Who is currently in possession of the stolen property or item(s)? ☐ Pawnshop/Secondhand Merchant ☐ Law Enforcement Agency

Have you contacted the pawn shop or secondhand merchant and attempted to reach a resolution with the business? ☐ Yes ☐ No

Date stolen property or item(s) were placed on hold or seized by law enforcement: _____

Description of stolen property or item(s):

I hereby attest that the above information is true and accurate to the best of my knowledge and belief:

Name:_____

Signature:_____

Please make sure a copy of the sworn statement provided to the criminal law enforcement agency in this matter and a letter from the prosecutor indicating that the item is not needed for prosecution is attached to this form.

Office use only:

Received date:

Case #:

Hearing date: