## IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF LINN

Petitioner

VS.

Case No: \_\_\_\_\_

[ ]Linn County Sheriff [ ]Linn County District Attorney MOTION FOR RETURN OR RESTORATION OF THINGS SEIZED (ORS 133.633 & 133.643)

[if known] Respondent

Pursuant to ORS 133.633 and 133.643, Petitioner moves for the return or restoration of things seized by the \_\_\_\_\_\_ [*list seizing agency*], based on the ground that the Petitioner has a valid claim to rightful possession thereof, because [*mark all applicable*]:

- [] The thing(s) had been stolen or otherwise converted, and the Petitioner is the owner or rightful possessor.
- [] The things seized were not in fact subject to seizure under ORS 131.550 to 131.600 or 133.525 to 133.703.
- [] The Petitioner, by license or otherwise, is lawfully entitled to possess things otherwise subject to seizure under ORS 133.525 to 133.703.
- [] Although the things seized were subject to seizure under ORS 133.525 to 133.703, the Petitioner is or will be entitled to their return or restoration upon the court's determination that they are no longer needed for evidentiary purposes.
- [] The parties in the case, if any, have stipulated that the things seized may be returned to the Petitioner.

The things seized <u>were</u> / <u>were not</u> [*circle applicable term*] in my possession at the time of seizure.

A description of the seized item(s) is as follows:



By signing this motion, I certify that I have hand delivered/mailed (**circle one**) a copy of this motion upon the Linn County District Attorney's office as required by ORS

133.633(3) and provided a copy to the Linn County Sheriff's office.

**Certificate of Document Preparation**. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

□ I selected this document for myself and I completed it without paid assistance.

□ I paid or will pay money to \_\_\_\_\_\_ for assistance in preparing this form.

## Submitted by:

Petitioner Signature

Print Name

Date

Contact Address City, State, Zip

**Contact Telephone**