



**OFFICE OF THE SHERIFF
FAIRFAX COUNTY, VIRGINIA**



60 DAY PROPERTY HOLD NOTIFICATION AND RELEASE FORM

TRANSPORTED INMATES ONLY

DATE: _____

INMATE NAME: _____ **INMATE NUMBER:** _____

You are being transferred to another facility that may not accept your personal property items. Any personal property that is allowed by the transporting agency's policy and procedures will be transported with you upon your request, and the approval of the transporting officer. All personal property remaining at the Fairfax County Adult Detention Center (excluding food items) will be held for a period of 60 days from the date of your transfer. It will be your responsibility to make any needed arrangements to have your personal property retrieved from our facility. Any personal property remaining in the Fairfax County Adult Detention Center in excess of 60 days will be disposed of. The Sheriff's Office will make reasonable attempts to contact you or any person (s) that you have included on this form. You may contact the Fairfax County Sheriff's Office (Property Section) by either calling or writing to the following address:

**Fairfax County Adult Detention Center
Attn: Property Section
10520 Judicial Drive
Fairfax, Va. 22030
(703) 246-4405**

My signature indicates that I understand the 60 day hold policy and my responsibility concerning my personal property. I hereby give permission to the Fairfax County Sheriff's Office to release my personal property to either of the contacts I have listed below.

Inmate Signature

Verified By Deputy or C.T. / (EIN)

CONTACT INFORMATION

NOTICE: All names and numbers listed below should be legible and correct, to the best of your knowledge. A notarized letter will be required from you authorizing the release of your personal property to anyone other than who you have listed on this form.

Contact # 1: Name _____ Phone number: _____

Contact # 2: Name _____ Phone number: _____

ACKNOWLEDGEMENT RECEIPT OF PERSONAL PROPERTY

- **By signing, I acknowledge that I have received all items listed on the reverse side of this document.**

Accepting Party's Signature

Verifying Staff Members Signature and EIN

Date Verified and Released