Court Address Care No. Care N	DISTRICT COURT OF I		City/County		
Case No.	Located at				
Date:		Court Address	*		
Agend for Animal Protection Enforcement PETITION TO JOIN PROCEEDING FOR THE RETURN OF SEIZED ANIMAL(S) (Criminal Law § 10-615.1) On					
(Criminal Law § 10-615.1) On the following animal(s) was/were seized by Date Animal Protection Enforcement Agency Nume(s) of Animal(s) Description(s) of Animal(s) Memory of Animal(s) Description(s) of Animal(s) Additional sheet(s) attached (if necessary). Reason(s) for scizure: The legal owner/custodian has filed a petition on					
On the following animal(s) was/were seized by	PETITION TO JOII			NIMAL(S)	
Date Animal Protection Enforcement Agency Name(s) of Animal(s) Description(s) of Animal(s) □ Additional sheet(s) attached (if necessary). Reason(s) for seizure: □ Additional sheet(s) attached (if necessary). Reason(s) for seizure: □ The legal owner/custodian has filed a petition on		(Criminal L	.aw § 10-615.1)		
Date Animal Protection Enforcement Agency Name(s) of Animal(s) Description(s) of Animal(s) □ Additional sheet(s) attached (if necessary). Reason(s) for seizure: □ Additional sheet(s) attached (if necessary). Reason(s) for seizure: □ The legal owner/custodian has filed a petition on	On the follo	wing animal(s) was/wer	e seized by		
□ Additional sheet(s) attached (if necessary). Reason(s) for seizure: □ The legal owner/custodian has filed a petition on, for return of the seized animal(s □ request to join the proceeding for the return of the animal(s) on behalf of, for return of the seized animal(s) on behalf of	Date	Date		Animal Protection Enforcement Agency	
Reason(s) for seizure:	<u>Name(s) of Animal(s)</u>		Description(s) of Animal(s)		
Reason(s) for seizure:					
Reason(s) for seizure:					
Reason(s) for seizure:					
Reason(s) for seizure:	\square Additional sheet(s) attached (if i	necessary)			
The legal owner/custodian has filed a petition on		• /			
I request to join the proceeding for the return of the animal(s) on behalf ofAgency in PossessionandAgency in PossessionandAttorney Number	Reason(s) for seizure:				
Fax Printed Name E-mail Address Telephone City, State, Zip CERTIFICATE OF SERVICE I certify that I served a copy of this petition upon all parties to this action by	I request to join the proceeding for petition the court to order the paym while in the agency's possession.	the return of the animal ent of reasonable costs	(s) on behalf of Agency in]	and Possession penses for the animal(s)	
E-mail Address Telephone City, State, Zip CERTIFICATE OF SERVICE I certify that I served a copy of this petition upon all parties to this action by	Date		Petitioner/Petitioner's Attorney Signature	Attorney Number	
Telephone City, State, Zip CERTIFICATE OF SERVICE I certify that I served a copy of this petition upon all parties to this action by	Fax		Printed Name		
CERTIFICATE OF SERVICE I certify that I served a copy of this petition upon all parties to this action by	E-mail		Address		
CERTIFICATE OF SERVICE I certify that I served a copy of this petition upon all parties to this action by	Telephone		City, State, Zip		
Name City, State, Zip Name Address City, State, Zip City, State, Zip Date Signature of Party Serving	□ hand-delivery, on	petition upon all parties		s mail, postage prepaid,	
Name Address City, State, Zip Date Signature of Party Serving	Name		Address		
City, State, Zip Date Signature of Party Serving			City, State	, Zip	
Date Signature of Party Serving	Name		Address		
			City, State,	Zip	
	Date DC-CR-166 (10/2022)		Signature of Par	ty Serving	