



**PHILADELPHIA SHERIFF'S OFFICE**  
**DEFENDANT ASSET RECOVERY TEAM (D.A.R.T.)**  
 (215) 686-3532 FAX (215) 686-3504  
 sheriffDART@phila.gov

**WHEN COMPLETED MAIL TO:**  
 PHILADELPHIA SHERIFF'S OFFICE  
 D.A.R.T.  
 100 SOUTH BROAD ST., 5<sup>TH</sup> FLOOR,  
 PHILADELPHIA, PA 19110  
 Jewell Williams, Sheriff

**CONTACT INFORMATION**

|                                                                                                                                                                                                         |  |                      |  |                                                                                                                                                            |       |                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------|
| 1. NAME (REQUESTER / CLAIMANT)                                                                                                                                                                          |  | 2. ADDRESS (CURRENT) |  | CITY                                                                                                                                                       | STATE | ZIP CODE                                                                                    |
| 3. HOME TELEPHONE                                                                                                                                                                                       |  | 4. CELL PHONE        |  | 5. WORK PHONE                                                                                                                                              |       | 6. BEST TIME TO CALL<br><input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON |
| 7. HAVE YOU EVER MADE A CLAIM FOR DISBURSEMENT WITH THE PHILADELPHIA SHERIFF'S OFFICE?<br><input type="checkbox"/> YES IF YES, WHAT YEAR? _____<br>AMOUNT CLAIMED? _____<br><input type="checkbox"/> NO |  |                      |  | 9. DID YOU RESIDE AT THIS PROPERTY?<br><input type="checkbox"/> YES IF YES, WHAT YEAR DID YOU RESIDE AND HOW LONG?<br>_____<br><input type="checkbox"/> NO |       |                                                                                             |
| 8. HAVE YOU EVER FILED A CLAIM FOR BANKRUPTCY?<br><input type="checkbox"/> YES BANKRUPTCY CLAIM NUMBER: _____<br><input type="checkbox"/> NO                                                            |  |                      |  |                                                                                                                                                            |       |                                                                                             |

**PROPERTY INFORMATION**

|                                               |  |                                                                                                                                                       |  |      |                                         |          |
|-----------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|-----------------------------------------|----------|
| 10. NAME OF DEFENDANT (NO NICKNAMES OR AKA'S) |  | 11. PROPERTY ADDRESS (JUDICIAL SOLD PROPERTY)                                                                                                         |  | CITY | STATE                                   | ZIP CODE |
| 12. BOOK / WRIT NUMBER<br>—                   |  | 13. RELATIONSHIP (PLEASE CHECK ONE):<br><input type="checkbox"/> SELF <input type="checkbox"/> RELATIVE _____<br><input type="checkbox"/> OTHER _____ |  |      | 14. SOCIAL SECURITY # OF THE DEFENDANT: |          |



**PLEASE PROVIDE COPIES OF DOCUMENTS CHECKED IN THE BOXES BELOW**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 15. PHOTO IDENTIFICATION (MANDATORY)<br><input type="checkbox"/> DRIVER'S LICENSE (STATE) _____<br><input type="checkbox"/> GOVERNMENT IDENTIFICATION                                                                                                                                                                                                                                                                                                                              |  | 16. HAVE AN ESTATE BEEN ESTABLISHED?<br><input type="checkbox"/> YES (IN THE COUNTY OF _____)<br><input type="checkbox"/> NO                |  |
| 17. PLEASE CHECK THE FOLLOWING APPLICABLE ITEMS SUBMITTED WITH FORM:<br><input type="checkbox"/> DEED<br><input type="checkbox"/> MORTGAGE SATISFACTION PIECE<br><input type="checkbox"/> COURT JUDGMENT<br><input type="checkbox"/> COURT NOTICE<br><input type="checkbox"/> DEATH CERTIFICATE<br><input type="checkbox"/> BIRTH CERTIFICATE<br><input type="checkbox"/> MARRIAGE CERTIFICATE<br><input type="checkbox"/> DIVORCE DEECREE<br><input type="checkbox"/> OTHER _____ |  | <b>SHERIFF OFFICE USE ONLY:</b><br><br>FILE NUMBER: _____<br><br>DATE RECEIVED: _____<br><br>PREVIOUS FILE: _____<br><br>PREPARED BY: _____ |  |

**UNSWORN FALSIFICATION TO AUTHORITIES (18 PA C.S. § 4904)**

I VERIFY THAT THE STATEMENTS OF FACTS MADE BY ME ARE TRUE AND CORRECT AND THAT THEY ARE MADE SUBJECT TO THE PENALTIES OF TITLE 18 PA C.S. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. I FURTHER VERIFY THAT I HAVE NOT OMITTED OR FALSIFIED ANY FACTS OR MATTERS ON THIS FORM

**PLEASE READ BEFORE SIGNING**

|                                                                                     |                                                   |                      |              |
|-------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|--------------|
|  | PRINT NAME (CLAIMANT)                             | SIGNATURE (CLAIMANT) | DATE & TIME: |
|  | RECEIVED BY SHERIFF'S OFFICE EMPLOYEE (SIGNATURE) |                      | DATE & TIME: |

**THIS FORM IS ONLY TO BE USED BY A DEFENDANT(s).**  
 Any others that may have received a creditors letter or may have a claim against a property should contact the Real Estate Department of the Office of the Sheriff at 215-686-3565.