Delta County Prosecutor's Office

Lauren M. Wickman
Prosecuting Attorney
Civil Counsel
Beth Wickwire
Chief Assistant Prosecutor
Deputy Civil Counsel
Lauren Mattson
Assistant Prosecutor

July 17, 2025

[redacted]

Re: FOIA Request #25-139

[redacted]

I acknowledge receipt of your Freedom of Information Act request dated June 27, 2025 received by the Delta County Prosecutor's Office on June 27, 2025 for the following documents:

> Please provide any records showing **asset forfeiture actions initiated** by the **Delta County Prosecutor's Office** during the calendar year **January 1, 2024 through December 31, 2024, in which the related criminal cases was later dismissed or resulted in no conviction.**
>
> If available, please include for each forfeiture case:
>
> - The **forfeiture case number** or docket number
> - The **underlying criminal case number**
> - A brief description of the **property seized**
> - The **date of forfeiture filing**
> - The **disposition of the related criminal case** (e.g., dismissed, acquitted, or not prosecuted)
> - The **final outcome** of the forfeiture action (e.g., property retained, returned, or sold)
>
> A summary table, spreadsheet, or internal report is acceptable.

Your requests are denied as the records do not exist. The undersigned hereby certifies that, after a search for records and to the best of the undersigned's knowledge and belief, the public records requested do not exist within the records of the public body under the name nor any other name reasonably known to the public body.

310 LUDINGTON STREET, SUITE 237 ESCANABA MI 49829
(906)789-5115

If you disagree with this decision, you may submit an appeal to the chairperson of the Delta County Board of Commissioners, or seek judicial review in the Delta County Circuit Court. If you prevail in Circuit Court, you may be entitled to receive attorney fees, costs, and disbursements as well as actual or compensatory damages, and punitive damages of $1,000.00.

I have also included the website utilized to find Freedom of Information Act (FOIA) Written Policies, Guidelines, and Forms as well as the FOIA Appeal Form.

If you have any questions or concerns, please contact me.

Best Regards,

Lauren M. Wickman
Chief Prosecuting Attorney

Emily Desalvo
FOIA Coordinator

Encl.

County: Keep original and provide copy of both sides, along with Public Summary, to Requestor at no charge.

Denial Form

Delta County
310 Ludington St., Escanaba, MI 49829
Phone: 906-789-5100

Notice of Denial of FOIA Request

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request No.: 25-139 Date Received: 6/27/25
Date of This Notice: _____
(Please Print or Type)

Check if received via: ☐ Email ☒ Fax ☐ Other Electronic Method
Date delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____

Name: Joseph Parrotta	Phone: 719-313-0395
Firm/Organization:	Fax:
Street: 22 Rotunda Cir	Email: pamj03@gmail.com
City: Asheville State: NC Zip: 28806	

Request for: ☒ Copy ☐ Certified copy ☐ Record inspection ☐ Subscription to record issued on regular basis

Delivery Method: ☐ Will pick up ☐ Will make own copies onsite ☐ Mail to address above ☑ Email to address above
☐ Deliver on digital media provided by the County: _____

Record(s) You Requested: *(Listed here or see attached copy of original request)* _____

☒ **All** **OR** ☐ **Part** of your request for records has been denied. Please refer to this form for an explanation. If you have any questions regarding this denial, contact Emily DeSalvo at 906-789-5100

Reason for Denial:

☐ **1. Exempt from Disclosure:** This item is exempt from disclosure under FOIA Section 13, Subsection _____ *(insert number)*, because: _____

☒ **2. Record Does Not Exist:** This item does not exist under the name provided in your request or by another name reasonably known to the County. A certificate that the public record does not exist under the name given is attached. If you believe this record does exist, provide a description that will enable us to locate the record: _____

☐ 3. **Redaction:** A portion of the requested record had to be separated or deleted (redacted) as it is exempt under FOIA Section 13, Subsection _____ *(insert number)*, because: _____

A brief description of the information that had to be separated or deleted: _____

Notice of Requestor's Right to Seek Judicial Review

You are entitled under Section 10 of the Michigan Freedom of Information Act, MCL 15.240, to appeal this denial to the County Board of Commissioners or to commence an action in the Circuit Court to compel disclosure of the requested records if you believe they were wrongfully withheld from disclosure. If, after judicial review, the Court determines that the County has not complied with MCL 15.235 in making this denial and orders disclosure of all or a portion of a public record, you have the right to receive attorneys' fees and damages as provided in MCL 15.240. (*See back of this form for additional information on your rights.*)

Signature of FOIA Coordinator: _____ **Date:** 7-18-2025

(Form created by MTA, MAMA and CS&T, PC, May 2015)

County: Keep original and provide copy of both sides, along with Public Summary, to Requestor at no charge.

Delta County
310 Ludington St., Escanaba, MI 49829
Phone: 906-789-5100

FOIA Appeal Form—To Appeal a Denial of Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request No.: _____ Date Received: _____
Date of This Notice: _____
(Please Print or Type)

Check if received via: ☐ Email ☐ Fax ☐ Other Electronic Method
Date delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____

Name		Phone
Firm/Organization		Fax
Street		Email
City	State	Zip

Request for: ☐ Copy ☐ Certified copy ☐ Record inspection ☐ Subscription to record issued on regular basis
Delivery Method: ☐ Will pick up ☐ Will make own copies onsite ☐ Mail to address above ☐ Email to address above
☐ Deliver on digital media provided by the County: _____

Record(s) You Requested: *(Listed here or see attached copy of original request)* _____

Reason(s) for Appeal:

The appeal must identify the reason(s) for the denial. You may use this form or attach additional sheets:

_____

Requestor's Signature: _____ **Date:** _____

County Response:

The County must provide a response within 10 business days after receiving this appeal, including a determination or taking one 10-day extension.

County Extension: We are extending the date to respond to your FOIA fee appeal for no more than 10 business days, until _____ (*month, day, year*). Only one extension may be taken per FOIA appeal.
Unusual circumstances warranting extension: _____

If you have any questions regarding this extension, contact: _____

County Determination:

☐ Denial Reversed ☐ Denial Upheld ☐ Denial Reversed in Part and Upheld in Part
The following previously denied records will be released: _____

Notice of Requestor's Right to Seek Judicial Review

You are entitled under Section 10 of the Michigan Freedom of Information Act, MCL 15.240, to appeal this denial to the County Board of Commissioners or to commence an action in the Circuit Court to compel disclosure of the requested records if you believe they were wrongfully withheld from disclosure. If, after judicial review, the Court determines that the County has not complied with MCL 15.235 in making this denial and orders disclosure of all or a portion of a public record, you have the right to receive attorneys' fees and damages as provided in MCL 15.240. (*See back of this form for additional information on your rights.*)

Signature of FOIA Coordinator: **Date:**

(Form created by MTA, MAMA and CS&T, PC, May 2015)