



Park County Sheriff's Office
1180 County Road 16 P.O. Box 604
Fairplay, CO 80440
719-836-2494

Fraud and Forgery

Victim Packet

**This packet is used when the case
involves a forged document**

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AUTHORIZATION FOR DISCLOSURE OF FINANCIAL ACCOUNT INFORMATION

I authorize _____
(name/address of account holder) to release the financial information of the individual named below:

Account Holder Name: _____

Address: _____

Phone Number: _____ DOB: _____

Account/Credit/Debit Card Number: _____

Bank Name: _____

Bank Address: _____

Bank Contact Person: _____

I authorize the information to be disclosed and discussed with the Park County Sheriff's Office and the 11th Judicial District.

The type and amount of information to be disclosed is as follows:

Entire bank record from (date) _____ to (date) _____

Entire credit card statement from (date) _____ to (date) _____

Copy of signature card or similar type document showing the account holder(s) signature.

I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, one year from the date of signing or on the date I become an adult according to the state law, whichever is earlier. I understand that I may revoke this authorization at any time except to the extent that action has been based on this authorization. I understand that the revocation must be in writing and presented to the provider named above. I understand that my authorization is not needed under some conditions as previously explained pursuant to a notice received from the provider named above and any revocation in writing of this authorization does not affect the ability of the provider named above to disclose information otherwise allowed by law. I understand that I have a right to a copy of this authorization.

I understand that authorization for the disclosure of this financial information is voluntary and I can refuse to sign this authorization. I understand that any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal law or regulations.

Signature of Account Holder or Authorized Personal Representative

Date

Print Name and Relationship

Date

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FRAUD REPORTING FORM

Complete one form for all Credit/Debit Card(s) fraudulently used.

Type of transaction device fraudulently used: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Financial/ Checking Account	Was the debit / credit card: <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Still in your possession			
Was a police report filed at the time of the theft or loss of the credit / debit card? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, agency name _____ Case/Report # _____				
Card Information: <input type="checkbox"/> Debit Card Debit Card Account # _____ Expiration Date: _____ Associated check account # _____ Bank: _____ Branch Location: _____ Name as it appears on the card: _____ <input type="checkbox"/> Credit Card Credit Card Account # _____ Expiration Date: _____ Name as it appears on the card: _____ <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other _____				
Type of Fraud: <input type="checkbox"/> Unauthorized Use <input type="checkbox"/> Forgery <input type="checkbox"/> Embezzlement <input type="checkbox"/> Identity Theft <input type="checkbox"/> Unauthorized Account/Card <input type="checkbox"/> Internet Fraud <input type="checkbox"/> Other _____				
Date of Transaction	Amount	Location used	City	State
Did you report this to your bank? <input type="checkbox"/> Yes Contact Name: _____ Contact Phone: _____ <input type="checkbox"/> No				

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Forgery Report Packet Instructions

1. Have the involved victim/witness complete an attached Forgery Witness Form.
2. Place a check mark next to any of the following evidence that may apply to this incident (attach any items that are checked).

Photograph of account holder at time account was opened

Surveillance video or photographs of suspect involved in incident

Affidavit of Forgery

Original forged check or copy

Ink print of right index finger obtained at time account was opened & at the time of the transaction

Contact name and information

Originals or copies of identification used by check presenter

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Incident Details-

Date of Incident: _____

Time of Incident: _____ (indicate A.M. or P.M.)

Name of Business: _____

Physical Address of Business:

Employee Check was presented to: _____

Employee Title: _____

Forged Check Details-

Payee Name: _____

Payee Address: _____

Payee Phone: _____

Payee Identification #: _____ (Indicate State)

Payee Account #: _____

Check #: _____ Check Amount: _____

Account # check is drawn off: _____

Check Maker Name: _____

The check was determined to be a forged instrument based on the following reason(s):
(e.g. reported stolen, contact with the account holder, quality of document, etc.... Be as detailed as possible.)

Location & Witness Information-

Business Name- _____

Physical Address of Business where check was presented-

Business Phone # - _____

Witness Name- _____

Witness Title- _____

Witness Date of Birth- _____

Date Check presented- _____ Time check presented- _____ A.M or P.M.

Suspect Check Information-

Suspect Name- _____

Suspect Address (if known)-

Suspect Phone (if known) - _____

Suspect Account # (if applicable)- _____

Check Maker Name- _____

Check #: _____ Check Amount: _____

Bank Check is drawn off- _____

Account Number Check is drawn off- _____

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Description of Suspect & Vehicle (complete any that are applicable)

Sex (Circle One) - **Male or Female**

Race: _____

Approx. Age: _____

Approx. Height: _____

Approx. Weight: _____

Hair Color: _____

Eye Color: _____

Clothing: _____

Scars, Marks, Tattoos: _____

Any other distinguishable features:

Vehicle Information (Make, Model, Color, License Plate, etc.):

Additional Information-

Can you identify the suspect (circle one)? **YES/NO**

Will you aid in prosecution (circle one)? **YES/NO**

Did the suspect present the forged check to you (Circle one)? **YES/NO**

What identification did the suspect present (check type)? ID#_____

DL **ID** **Passport** **Military ID** **Other**

Did you record the ID number and type on the forged check (circle one)? **YES/NO**

If a photo ID was used was the picture compared to the suspect (circle one)? **YES/NO**

If yes, did the picture appear to be of the suspect (circle one)? **YES/NO**

Did the suspect endorse/sign the forged check in your presence (circle one)? **YES/NO**

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The check was determined to be a forged instrument based on the following information (e.g. reported as stolen, contact with account holder, quality of document, etc. Be detailed with your explanation):

Include a brief synopsis of the events related to the forged instrument that was presented:

Do you have any additional information that will assist in locating the suspect?
