

Mesa County Sheriff's Office

Sheriff Stan Hilkey

215 Rice Street
P.O. Box 20,000
Grand Junction, Co. 81502

970-244-3500 Phone
970-244-3503 Fax
www.sheriff.mesacounty.us



AFFIDAVIT OF FORGERY

I, _____, am the person named as account holder/payee/endorsee/signer on the attached check, draft, or note, numbered _____ dated _____, drawn on _____ with account number _____ in the amount of \$ _____ payable to _____.

Forged Signature/Check: My signature on the said check, draft, or note was not written or authorized by me and is a forgery. Further, I have not received the proceeds of said check, draft, or note or any part thereof.

Forged Endorsement: My signature as endorser on the said check, draft, or note was not written or authorized by me and is a forgery. Further, I have not received the proceeds of said check, draft, or note or any part thereof.

Altered Instrument: The above said check, draft, or note was signed by me, however, the amount was altered from \$ _____ to \$ _____, or the payee was altered from _____ to _____ without my consent.

This affidavit is made voluntarily for the purpose of establishing that my signature is a forgery. I did not present this check, draft, or note for negotiation of payment and did not benefit monetarily or otherwise from this fraudulent transaction.

I have no knowledge or opinion concerning the person who signed/endorsed/altered said check, draft, or note, or the circumstances under which it was written except:

I further state that this affidavit is given for the purpose of assisting in the prosecution of such person or persons who may have committed such act.

The foregoing statement has been made under oath and with the full knowledge that this statement is made under penalty of perjury.

Signature

Date

The foregoing instrument was subscribed and sworn to me this _____ day of _____, 20_____.

Notary

My Commission Expires _____

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AUTHORIZATION FOR DISCLOSURE OF FINANCIAL ACCOUNT INFORMATION

I authorize _____ (bank / financial company name) to release the financial and account information of the individual named below:

Account Holder Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Social Security No. xxx-xx-_____ (last 4 digits)

Account/credit/debit card number: _____

Bank Name: _____

Bank Address: _____

Bank Contact Person: _____

I authorize the information to be disclosed and discussed with the Mesa County Sheriff's Office and the 21st Judicial District of Colorado.

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 state law, whichever is earlier. I understand that I may revoke this authorization at any time except to the extent that action has been taken 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 for Authorized Representative)

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CHECK FRAUD COMPLAINT FORM

Please check one of the following to describe your report:

Account Closed NSF Check Both

Case No. _____

1. Was check post-dated at the time of acceptance? Yes No 4. Was the check received on payment on an account? Yes No
2. Does this matter involve a two-party check? Yes No 5. Were you asked to delay or hold depositing the check? Yes No
3. Does the check involve an extension of credit? Yes No

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for filing with the District Attorney. Your options are to contact the small claims court for instructions on how to proceed with a civil case or submit the checks to a private collection agency. If all boxes were check "NO", please complete this report, date and sign it and submit it with your financial crimes packet.

1. Suspect: Check writers full name as it appears on the check				
Address				
City		State	Zip Code	Home Phone # Other Phone #
Driver's License #		State	Expiration Date	Other ID
How did you obtain the check writer's identification? <input type="checkbox"/> Driver's License <input type="checkbox"/> Check Cashing <input type="checkbox"/> Other _____			Was the check handed to you by someone other than the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Address: _____	

2.

Check #	Date Received	Amount	What was check for?	Person Accepting Check	Can person ID check writer <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Victim: Last Name, First, Middle				Date of Birth	
Address		City	State	Zip Code	Home Phone
Employer/ School				Position	
Work Address		City	State	Zip Code	Work Phone

I hereby certify under penalty of perjury that all information in this report is true to the best of my knowledge.

Signature of Person Filing

Print Name

Date Filed



COURTESY NOTICE INSTRUCTIONS

Below is a sample courtesy letter or notice.

*Reminder: the check must be over \$1500 for the Mesa County Sheriff's Office to investigate check fraud.

Date

Dear Check Writer:

You are hereby notified that a check numbered _____ in the face amount of \$_____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored. You have 10 days from receipt of this notice to tender payment in the full amount of such check plus a service charge of \$_____.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the Mesa County Sheriff's Office for criminal prosecution.

Closing,

Your name / address

Please mail the letter to the check writer by certified mail, requesting a return receipt.

The following needs to be included in your report to the Mesa County Sheriff's Office on all check fraud cases:

1. return receipt
2. attach checks
3. returned check or copies in lieu of checks
4. all supporting documents
5. receipts from the original purchase
6. certified mail
7. return receipt or undeliverable letter
8. copy of "Courtesy Notice" or letter
9. "Returned Item" notices from the bank

Be sure to maintain copies for your records.

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FINANCIAL CRIME DOCUMENTATION – SHORT FORM

Case No. _____

Use this form if:

- This report is for documentation purposes only and there will be no investigation
- Internet fraud

Type of Incident (check all that apply) USE ONE FORM FOR EACH INDIVIDUAL FRAUDULENT CARD OR ACCOUNT.

- Incident of unauthorized Credit Card use
- Incident of unauthorized Debit Card use
- Incident of unauthorized Use of Bank Account
- Internet Fraud

Name of Business(es)/Institution(s) where credit card was used:

1. Business Name: _____

Business Address: _____

Date _____ Amount \$ _____

2. Business Name: _____

Business Address: _____

Date _____ Amount \$ _____

3. Business Name: _____

Business Address: _____

Date _____ Amount \$ _____

TOTAL NUMBER OF UNAUTHORIZED TRANSACTIONS MADE: _____

**IF THE NUMBER OF BUSINESSES OR INSTITUTIONS EXCEEDS THIS PAGE, USE AN ADDITIONAL FORM.

Please provide the following information if applicable:

Type of Card: (i.e. Sears, Discover) _____

Name of Issuing Financial Institution of Credit/Debit Card: (i.e. Providian Bank): _____

Account Number on the Credit/Debit Card: _____

Bank Account number associated with Debit Card: _____

Last four digits of Social Security Number associated with account: XXX-XX- _____

Was the account closed? Yes ____ No ____

USE ONE FORM FOR EACH INDIVIDUAL FRAUDULENT INCIDENT.

Narrative of Events: Please briefly describe how the credit/debit card was used without your authorization

Lined area for writing the narrative of events.

AFFIDAVIT

I affirm that this information is true and correct. That another person obtained or recorded, by means of fraud, theft or other violation, my personal identifying information without my authorization, and the person used the information to obtain or attempt to obtain credit, goods, services or monies in my name without my consent.

Date of Report: _____

Name of Person/Account Holder Completing Report: _____

Email Address where you can be contacted: _____

(Your email address is used for contact purposes only.)

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FINANCIAL CRIME REPORTING INFORMATION FORM

*This is a necessary form which needs to be included in each packet regardless of the crime reported.

Reporting Party: Last Name, First, Middle				Date of Birth		Sex	Race		
Home Address		City		State	Zip Code	Home Phone			
Employer/School					Position				
Work Address		City		State	Zip Code	Work Phone			
Contact Email Address / Cellular phone number									
Victim: Last Name, First, Middle				Date of Birth		Social Security Number		Sex	Race
Address		City		State	Zip Code	Home Phone			
Employer/School					Position				
Work Address		City		State	Zip Code	Work Phone			
Height	Weight		Hair Color		Eye Color	State of Birth			
Contact Email Address / Cellular phone number									
Suspect (if known): Last Name, First, Middle				Date of Birth		Relationship to victim (if any)		Sex	Race
Address		City		State	Zip Code	Home Phone			
Employer/School					Position				
Work Address		City		State	Zip Code	Work Phone			
Height	Weight/Build		Hair Color		Eye Color	Descriptors: <input type="checkbox"/> Mustache <input type="checkbox"/> Goatee <input type="checkbox"/> Beard <input type="checkbox"/> Glasses			
Scars/Marks/Tattoos: (describe)				Vehicle: Make _____ Model _____ Color _____ License _____ State _____					

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FRAUD REPORTING FORM

***Complete one form for EACH credit/debit card 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"/> Unauthorized Account/Card <input type="checkbox"/> Internet Fraud <input type="checkbox"/> Other: _____				
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
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				

Has an Affidavit of Forgery/Fraud been completed either with your bank?

- Yes If yes: Bank? Attached with this form?
- No

Please briefly describe how the credit/debit card was used without your authorization. **This section MUST BE COMPLETED.**

AFFIDAVIT

I affirm that this information is true and correct. That another person obtained or recorded, by means of fraud, theft or other violation, my personal identifying information without my authorization, and the person used the information to obtain or attempt to obtain credit, goods, services or monies in my name without my consent.

Signature of Person/Account Holder Completing Report: _____

Print Name: _____

Date of Report: _____

Email Address where you can be contacted: _____

(Your email address is used for contact purposes only.)