



ERIE POLICE DEPARTMENT

PO Box 510
Erie, CO 80516
303-926-2800



Embezzlement Packet

*****Use this packet when an employee is accused of stealing funds from their employer. There are two separate packets. One contains the instructions on how to complete the packet, as well as samples of all the forms. The second contains the blank forms which the victim needs to complete. *****

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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 names below:

Account Holder Name: _____

Bank Name: _____

Bank Address: _____

Bank Contact Person: _____

I authorize the information to be disclosed and discussed with the Erie Police Department and the 19th/20th Judicial Districts.

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 I may revoke the authorization at any time except to the extent that action has been based on this authorization. I understand the revocation must be in writing and presented to the provider named above. I understand 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 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 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

Signature of Account Holder or Authorized Personal Representative

Date

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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 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
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				

Insurance or Bank Reimbursement Sheet

_____ of _____:

Company Name:		Claim Number:	
Contact:			
Mailing Address:			
Phone Number:		Other Phone Number:	
Position/Title:		Date of Claim:	
Date Paid:		Amount Paid Out:	
Other Information:			

Attached Records:

Copy of Claim and Reimbursement Check

Lead Sheet

Theft Scheme	Loss Amount
Total	\$

Summary

General Information: *(Type your General Information here)*

Summary: *(Type your Summary here)*

Motives: *(Type your Motives here)*

Defenses: *(Type your Defenses here)*

Witness Information Sheet

Witness _____ of _____:

Last Name:		First Name, Middle Initial:	
Date of Birth:			
Home Address:			
City:		State & Zip Code:	
Home Phone Number:		Other Phone Number:	
Position/Title:		Hire Date:	
Termination Date:		Willingness To Testify:	
Other Information:			

Attached Records:

Witness Statement

Other

Suspect Information Sheet

Suspect _____ of _____:

Last Name:		First Name, Middle Initial:	
Date of Birth:			
Home Address:			
City:		State & Zip Code:	
Home Phone Number:		Other Phone Number:	
Position/Title:		Hire Date:	
Termination Date:		Willingness To Testify:	
Other Information:			

Attached Records:

- Job Description/Duties
- Direct Deposit Form
- Payroll Information
- Job Application
- Other