



## ERIE POLICE DEPARTMENT

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



## Forgery Packet

***\*\*Use this packet when the case involves a forgery. The most common forgery would involve checks, but this could include other documents as well. \*\****

**Erie Police Department**

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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 19<sup>th</sup>/20<sup>th</sup> 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 # _____				
<b>Card Information:</b>				
<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 _____				
<b>Type of Fraud:</b>				
<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				

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### Forgery Report Instructions

1. Have the involved victim/witness complete an attached Forgery Witness Form.
2. Place a checkmark 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 or copy of forged check
  - Ink print of right index finger obtained at time account was opened and at the time of the transaction
  - Contact name and information
  - Originals or copies of identification used by check presenter

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**Incident Summary Form**

**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 holders, quality of document, etc.... Be as detailed as possible).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Incident Summary Form (continued)**

**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/P.M

**Suspect Check Information-**

Suspect Name: \_\_\_\_\_

Suspect Address (if known):

\_\_\_\_\_

Suspect Phone (if known): \_\_\_\_\_

Payee Identification #: \_\_\_\_\_ (indicate State)

Suspect Account # (if applicable): \_\_\_\_\_

Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Account # Check is drawn off: \_\_\_\_\_

Bank check is drawn off: \_\_\_\_\_

Check Maker Name: \_\_\_\_\_

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**Incident Summary Form (continued)**

**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 the 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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**Incident Summary Form (continued)**

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):

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

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

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