

# Texarkana Police Department

## Forgery Report Instructions

1. Complete the Forgery Reporting Form.
2. Place a check mark next to, and attach any of the following evidence that may apply to this incident:
  - \_\_\_ Surveillance photographs and/or video of check presenter.
  - \_\_\_ Affidavit of Forgery
  - \_\_\_ Original forged check in protective sleeve/envelope.
  - \_\_\_ Victim account holder information.
  - \_\_\_ Contact name and phone number for responsible party.
  - \_\_\_ Originals or copies of Identification used by check presenter.
3. **DO NOT SUBMIT THIS FORGERY REPORT UNTIL ALL FORMS ARE COMPLETED AND ALL AVAILABLE EVIDENCE IS OBTAINED.**
4. Mail this cover sheet, the completed Forgery Reporting Form, and any applicable evidence check marked above to:

ATTN: Financial Crimes - CID  
Texarkana Arkansas Police Department  
100 N. State Line Avenue Box 17  
Texarkana, Texas 75501-5666

**NOTE:** This packet will be reviewed for completeness prior to being assigned to a Forgery Investigator. Please insure that the Forgery Reporting Form is completed and that all evidence relating to this incident is attached. It may be necessary to delay the submittal of this packet until this information can be collected.

**IMPORTANT: Failure to provide all requested information might result in time delays that could be detrimental to the successful prosecution of this case.**

Signature of reporting person: \_\_\_\_\_ Date Written: \_\_\_\_\_

## TAPD Forgery Reporting Form for Merchants

**VICTIM:**

Name of business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**REPORTING PARTY:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**WITNESS (NAME OF ACCOUNT HOLDER ON FORGED CHECK):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**WITNESS (CASHIER WHO TOOK CHECK):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**WITNESS (OTHER):**

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**SUSPECT:**

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Age \_\_\_\_\_ Hair/Eye color \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_\_\_ SSN \_\_\_\_\_

Drivers license/ID number and state \_\_\_\_\_ / \_\_\_\_\_ Build (heavy/med./slender)

Hispanic/non-hispanic/unk. Tattoos \_\_\_\_\_ Other marks \_\_\_\_\_

Clothing \_\_\_\_\_

**INFORMATION:**

What date and time was the check passed? \_\_\_\_\_

What is the address where the check was passed? \_\_\_\_\_

Can cashier identify the passer of the check? Yes/No/Unk.

**TAPD MERCHANT FORGERY FORM**

Is there video available? Yes/No/Unk.

Was a fingerprint taken? Yes/No/Unk.

Was anyone with the suspect? Yes/No/Unk. If yes, describe \_\_\_\_\_

What was the suspect's vehicle description/tag number? \_\_\_\_\_

How was the check determined to be a forgery?

1. It was returned from the bank stamped forgery, lost/stolen, signature irregular, counterfeit, or no account found.
2. The account holder, a bank official, or police officer confirmed it was a forgery. What is that person's name? \_\_\_\_\_
3. The check was returned from the Prosecuting Attorney's Office, Hot Check Division as a forgery.

**NARRATIVE:**

On (date check was passed) \_\_\_\_\_ at (time) \_\_\_\_\_ AM/PM, (name of cashier who took check) \_\_\_\_\_ took a check that was later identified as a forgery. The check was identified as a forgery because \_\_\_\_\_

\_\_\_\_\_ (must be 1, 2, or 3 above).

The name of the account holder on the check was \_\_\_\_\_. The bank which issued the check was \_\_\_\_\_. The account number of the check was \_\_\_\_\_.

The check was written for the amount of \$ \_\_\_\_\_ and was check number \_\_\_\_\_.

Additional information: \_\_\_\_\_

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