TEXARKANA ARKANSAS POLICE DEPARTMENT

Bi-State Justice Center, 3rd Floor
100 North State Line Avenue
Texarkana, Arkansas 75504

To properly investigate your financial fraud claim your

FFP cannot be processed without the following:

- ☐ **Incident occurred within the city limits of Texarkana Arkansas.**
- ☐ **Packet filled out <u>in its entirety</u>.**
- ☐ **Notarized signature on Fraud Affidavit (page 5).**
- ☐ **Proper documentation.**
  - **Bank or credit card statements showing charge.**
  - **Utility or other bills.**
  - **Copy of forged documents (checks, etc.)**
  - **List of fraudulent charges (page 8)**

TEXARKANA ARKANSAS POLICE DEPARTMENT FINANCIAL FRAUD PACKET

100 N. State Line Ave, Texarkana Arkansas 75504 CCN _____

For office use only

This form should be RETURNED IN PERSON to the above address along with documents supporting your claim of Financial Fraud. Incomplete packets/forms will not be processed and will be returned.

Date this form was completed:_____ Email address: _____

Complete Name (print):_____

Driver's License # and State :_____ Date of Birth: _____ Social Security #: _____

Home Address:_____ City, State and Zip:_____

Home Phone: _____ Cell Phone :_____ Work Phone : _____

Employer:_____ Work Address:_____

Names of other people living in your home and their date(s) of birth: _____

_____

Name of victim if different than above: _____

Do you know the suspect?_____ (Yes or No)

If yes, what is his/her relationship to you?_____

Suspect Name:_____ Nickname:_____

Suspect Race:_____ Sex:_____ Date of Birth:_____ Age:_____ Height:_____ Weight:_____

Suspect Address:_____ City State and Zip:_____

How did you become aware of the crime? _____

What date did you first become aware of the crime?_____

When did the fraudulent activity begin? _____

What was your home address at the time of the crime (if different than above)? _____

What documents and/or identifying information were stolen? _____

_____

_____

Please list any documents fraudulently obtained in your name (drivers license, social security cards, credit cards, etc.)_____

_____

Are there any witnesses? _____ (Yes or No)

If Yes Name and contact information: _____

_____

_____

CCN _____

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Victim's Law Enforcement Actions

I am willing to assist in the prosecution of the person(s) who committed this financial crime. YES NO

I am authorizing the release of any information to law enforcement for the purpose of assisting in the investigation and prosecution of the person(s) who committed this fraud. YES NO

I have reported the events described in this affidavit to other law enforcement agencies. YES NO

In the event you have contacted another law enforcement agency, please provide the following information:

Name of Agency_____ Name of Person Taking Report_____

Contact phone # _____Case/ Report # _____

Financial Fraud Questions

To the best of your knowledge, what type of crime has been committed against you? (Check all that apply)

_____My checks were lost or stolen and my signature was forged.

_____My checking account number was used on fraudulent/counterfeit checks.

_____Checks that I previously wrote have been altered and cashed.

_____My debit or credit card was lost or stolen and used without my permission.

_____My debit or credit card number was used without my permission (I still have my card).

_____My information was used to open utility accounts (Ex water, cable, electricity, phone service)

_____My information was used to open credit card account(s).

_____My information was used to open bank account(s).

_____My information was used to take out an unauthorized loan.

_____My signature was forged on a government or financial document (Ex. loan application or car title).

_____My information was used to obtain employment.

_____Unauthorized withdrawals were made from my bank account.

_____Gift cards were lost or stolen.

_____Other (describe)_____

_____

_____

CCN_____
For office use only

Financial Fraud Questions *(continued)*

How did you become aware of the crime committed against you?

_____Found fraudulent charges on my statement/bill.
I**nclude copies of statements from all compromised accounts with fraudulent transactions noted.**

_____Found fraudulent or forged/altered check(s) that cleared or attempted to clear my bank account.
Include copies of the front and backs of all involved checks.

_____Found unauthorized withdrawals or ACH debits (electronic checks) from my bank account.
Include copies of bank statements showing itemized fraudulent transactions.

_____Was contacted by my bank's fraud department regarding suspicious charges.

_____Was notified when attempting to open an account that an account that I did not authorize already existed with my name/social security number.
Obtain and include documentation of fraudulent acts such as applications and service area.

_____Received bills for accounts that I did not open.
Include copies of bills and applications for accounts.

_____Was contacted by a creditor or collection agency demanding payment.
Obtain proof of the account from the creditor or collection agency and provide copies.

_____Found irregularities on my credit report.
Include a copy of report.

_____Was arrested, had a warrant issued, or a complaint filed in my name for a crime that I did not commit (Which agency_____)

_____Had my license suspended for actions I did not commit.

_____Other (please explain) _____

_____

Were any of the following identifying documents lost, stolen or compromised? (Mark all that apply)

_____ Driver's License or State ID

_____ Social Security Card

_____ Birth Certificate

_____ Checkbook or checks **(please complete Check Form found in this packet)**

_____ Debit or credit card (**please complete Debit/Credit Card Form found in this packet)**

_____ Passport

_____ PIN (personal identification number)

_____ Other _____

CCN _____
For office use only

Financial Fraud Questions *(continued)*

To help assist us in possibly determining when and by whom your information was compromised, please mark any of the following that are applicable:

_____Carried my Social Security Card in my wallet/purse.

_____Carried bank account passwords or PIN's in my wallet/purse.

_____My wallet/purse was stolen.

_____My check book was stolen.

_____My home or vehicle was burglarized.

_____My password or PIN was given to someone else. (Who?_____)

_____I did not receive a bill as usual (ex. Credit card bill failed to come in the mail).

_____I mailed a check(s) that was not cashed by the payee listed on the check.

_____My address was changed at the post office without my knowledge.

_____Credit card bills, pre-approved credit offers, or credit card convenience checks were thrown away without being shredded.

_____Documentation containing my personal information was thrown away without being shredded.

_____Service/cleaning people were in my home. (Company name/name_____)

_____My incoming or outgoing mail was stolen. (Approximate date of theft?_____)

_____Released personal/financial information after it was requested in an email.

_____Released personal/financial information over the phone when you **did not** initiate the call.

_____Responded to an online job posting.

_____Other (Please explain and be specific)_____

_____

_____

Please add any additional information that you think may assist the Texarkana Arkansas Police Department with your case:_____

_____

_____

Please turn to the next section and then complete the specific form for your crime.

FRAUD AFFIDAVIT

TEXARKANA ARKANSAS POLICE DEPARTMENT

ID THEFT/ FORGERY/ CREDIT CARD/ DEBIT CARD/ BANK ACCOUNT FRAUD AFFIDAVIT

******* THIS AFFIDAVIT MUST BE NOTARIZED *******

Please answer ALL of the following questions:

1) Did you authorize anyone to use your name or personal information to seek employment, money, credit, loans, goods or services? YES_____ NO_____

2) Did you receive any benefit, money, goods or services as a result of the crime committed against you? YES_____ NO_____

3) I AM willing to assist in the prosecution of the person(s) who committed the crime against me, even if the suspect is related or known to me? YES_____ NO_____

I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains may be available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as deemed appropriate. I understand that knowingly making a false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. 1001 or other federal, state, or local criminal statutes, and may result in a fine or imprisonment, or both.

_____

(Printed name)

_____ _____

(Signature) (Date)

_____ _____

(Notary Signature) (Date)

Place Notary Seal Here

ccn _____

IDENTITY THEFT FORM

Please list all accounts fraudulently opened in your name, social security number, or other personal information, using the appropriate section.

Use the first table for credit cards and/or loans or other lines of credit. The second table is for listing utility companies such as electricity, cable, gas, satellite service, or water.

REMEMBER TO INCLUDE PROPER DOCUMENTATION FROM EACH COMPANY YOU LIST, SUCH AS APPLICATIONS, STATEMENTS, BILLS, WORKORDERS, OR OTHER NOTICES.

Creditors Info	Account Number	Type of Account	Date Opened	Account Balance
EXAMPLE Bank of America PO Box 98223 El Paso, TX 79998	*12345687-9837*	*VISA credit card*	*06/25/2012*	*975.00*

Utility Company/Provider	Account #	Address where service was provided	Date Opened	Balance $$$
EXAMPLE *Dish Network*	*12345678-9*	*1234 Main St. Texarkana AR*	*12-01-2011*	*525.00*

ccn _____

CHECK FORM

FOR FORGED, COUNTERFEITED OR, ELECTRONICALLY PASSED CHECKS

This form is to be completed by individuals who have had a forged or counterfeit check written on their bank account and deposited or cashed or have had a check passed electronically (Ex. Wal Mart) against their account. The criminal act must have occurred in Texarkana, Arkansas.

Today's Date:_____

Account Holder's Name(s):_____

Date of Birth:_____ State License/ID #:_____ State:_____

PLEASE LIST THE CHECKS THAT WERE PASSED IN TEXARKANA, ARKANSAS.

WE DO NOT ACCEPT REPORTS INVOLVING CHECKS THAT WERE DEPOSITED OR CASHED OUTSIDE TEXARKANA, ARKANSAS.

YOU MUST INCLUDE COPIES OF THE FRAUDULENT CHECKS & BANK STATEMENT.

Payable to	Check #	Address where deposited or cashed	Date	Amount	Passed Electronically
Example Walmart	1968	123 Arkansas Blvd., Texarkana, AR. 71854	06/25/21	175.00	Yes

DEBIT/CREDIT CARD FORM

FOR UNAUTHORIZED USE OF DEBIT OR CREDIT CARDS

This form is for individuals who have had their debit card or credit card used without their permission or consent to make fraudulent purchases/charges/debits against their account and the criminal act occurred in Texarkana, Arkansas.

Today's Date:_____

Account Holder's Name(s):_____

Date of Birth:_____ State License/ID #:_____ State:_____

	CREDIT/DEBIT CARD COMPANY OR BANK	CREDIT/DEBIT CARD NUMBER
A	*Texarkana National Bank Debit Card*	*1234-5678-9876-5432*
B		
C		
D		

Please list the fraudulent charges that were made in Texarkana Arkansas. We do not accept reports involving charges that were made outside of Texarkana, Arkansas or online.

YOU MUST INCLUDE BANK STATEMENTS SHOWING THESE TRANSACTIONS.

A	*EZ Mart*	*06/20/2014*	*3920 Jefferson, Texarkana, Ar. 71854*	*45.00*

Use this column to indicate which card was used for each transaction by entering **B, C or D**

TEXARKANA
OFFICER
TEXARKANA
STATE OF
ARKANSAS
POLICE
POLICE