



ORANGE COUNTY SHERIFF'S OFFICE

Keith Merritt, Sheriff
205 Border Street
Orange, TX 77631
(409)883-2612



FINANCIAL CRIME INFORMATION SHEET

Today's Date: _____ Time: _____

OFFENSE INFORMATION:

Type of Crime:

Forgery Credit/Debit Card Abuse Identity Theft Other: _____

Did the transaction take place locally? Yes No

Location of Offense: _____

How and when Victim became aware of the offense: _____

Credit Card (if applicable): Visa MasterCard Discover American Express ATM Card Other

Credit Card # (if applicable): _____

Bank Name (if applicable): _____ Bank Location: _____

Account #: _____ Bank Contact Person and #: _____

Stolen Credit Card/Checks in Your possession? Yes No

If no, describe when, where, and who could have obtained them: _____

Have you made a report in reference to the theft? Yes No

If yes, Who did you report it to: _____ Case #: _____

YOUR INFORMATION:

Name: _____ Alias/ Maiden: _____
Sex: _____ Race: _____ D.O.B. _____ DL/ID#: _____ State: _____
Address: _____ City: _____ State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____ Alternate Phone: _____
Place of Employment: _____ Work Phone: _____
School (If Applicable): _____

SUSPECT: Check Here if the Suspect is Not Known _____

Name: _____ Alias/ Maiden: _____
Sex: _____ Race: _____ D.O.B. _____ DL/ID#: _____ State: _____
Address: _____ City: _____ State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____ Alternate Phone: _____
Place of Employment: _____ Work Phone: _____
School (if applicable): _____
How Do You Know the Suspect: _____
Description: _____
Vehicle Description: (If Applicable) Make: _____ Model: _____ Year: _____
Color of Vehicle: _____ License Plate: _____ State: _____

WITNESSES: (Do you have any witnesses? If So Please List)

Name: _____ Alias/ Maiden: _____
Sex: _____ Race: _____ D.O.B. _____ DL/ID#: _____ State: _____
Address: _____ City: _____ State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____ Alternate Phone: _____
Place of Employment: _____
Work Phone: _____
School (if applicable): _____

TRANSACTION INFORMATION (fill out for each unauthorized transaction)

1) Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

2) Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

3) Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

4) Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

5) Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

6) Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

7) Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

8) Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

9) Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

10)Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

11)Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

12)Date:_____ Time:_____ Amount: \$_____ Check/Receipt Available: Y N

Business Name/Location:_____

**ORANGE COUNTY SHERIFF'S OFFICE
SWORN STATEMENT**

Please give details about what happened. Please be as specific as possible listing dates and times and all of the important information you can remember.

Date: _____ Time: _____

Name: _____ DOB: _____

Page ____ of ____

Making a false statement and/or report to a law enforcement officer, agency, or employee is a violation of Texas Penal Code Section 37.08. By signing below, I acknowledge that this is a true, correct and actual description of the crime and/or incident that occurred, and I understand that making a false statement and/or report is a criminal act and is against the law.

witness signature

Signature of person giving statement

Witness name printed

Printed name of person giving statement



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FINANCIAL CRIMES COMPLAINANT INFORMATION SHEET

CASE/SERVICE#: _____

- 1) If you have not done so, notify your bank/credit card company immediately and request that they close your account or cancel your credit card.
- 2) If your personal identifying information (driver's license, social security number, date of birth...) could have been stolen, call all three credit reporting bureaus to report the fraud and to request that a fraud alert be placed on your account.
 - a. Experian: 888-397-3742 or www.experian.com
 - b. Trans Union: 800-680-7289 or www.transunion.com
 - c. Equifax: 800-525-6285 or www.equifax.com
- 3) Obtain your credit report to verify that there is no other fraudulent activity. This can be obtained at no cost from any of the three credit reporting bureaus.
- 4) Provide the Sheriff's Office with copies of all fraudulent checks and/or receipts (these can be obtained from your bank/credit card company).
- 5) Provide the Sheriff's Office with copies of all related transaction and statement information (these can be obtained from your bank/credit card company).
- 6) Provide the Sheriff's Office with all forgery affidavits (these can be obtained from your bank/credit card company)
- 7) Information can be faxed to the Sheriff's office at 409-670-4119 or dropped off. Please provide your case/service number on all paperwork.
- 8) **The Sheriff's Office cannot investigate your case unless items 4-6 are provided.**

Go to www.identitytheft.gov for more information.