

Williamson County Sheriff's Office

Financial Crimes

508 S. Rock St.

Georgetown, TX 78626

512-943-1300 Office

512-943-3281 Fax

Forged Check Form – Account Holder

Form must be completed by the Account Holder or Purchaser of Money Order

Williamson County Sheriff's Office Case # _____

Submitted by: (Person completing form) _____

Address: _____ Hm Phone: _____ Cell Phone: _____

Date form completed: _____

NOTE: * This form must be completed for investigation.
If additional space is needed, use the back of the form and identify by number.
Only checks passed in Williamson County can be accepted.

1. Address where check was accepted: _____

Name of person who accepted check: _____

Date check accepted: _____ Time accepted: _____

Was a photo or video taken: Y / N

Contact person for video/photos: _____

2. Other witnesses:

Name _____ Phone: (Home) _____ (Cell) _____

Name _____ Phone: (Home) _____ (Cell) _____

3. Name/Description of Suspect: _____

Race _____ Sex _____ Age _____ Hight _____ Weight _____ Hair Color _____

4. Description of suspect vehicle:

Year _____ Make _____ Color _____ License Plate _____ State _____

STAPLE ORIGINAL OR BANK FURNISHED CHECK HERE (front and back). KEEP A COPY FOR YOUR RECORDS.

Mail to address listed above.

ACCOUNT HOLDER STATEMENT/AFFIDAVIT

STATE OF TEXAS
COUNTY OF WILLIAMSON

My name is _____. My date of birth is _____.
My address is _____.
WCSO Case #_____.

I am the person named as ACCOUNT HOLDER () or PAYEE () or ENDORSER () on the following checks/money orders:

	Check #	Amount	Account Holder	Payee	Financial Institution
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

I state that the above listed check(s) is a forgery. I have not received any of the proceeds of said check(s) nor derived any benefit from the said check(s). I request prosecution and will appear as a witness in this case. I wish to state the following:

Signature _____

Sworn to and subscribed before me this _____ day of _____, ____.

SEAL

Notary Public

Williamson County Sheriff's Office

Statement Information Supplement

Note: This information is strictly confidential and only for Law Enforcement and District Attorney's official records.

Name: (Last, First, Middle) _____

Home Address: (number, street, city, zip) _____

Business Address: (number, street, city, zip) _____

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

Race: ____ Sex: ____ Age: ____ DOB: _____

Married: Yes ____ No ____ Name of Spouse: _____

Driver's License: (state & number) _____

Nearest Relative Other Than Spouse:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Place of Employment: _____ Phone: _____