

Williamson County Sheriff's Office
Financial Crimes
508 S. Rock St.
Georgetown, TX 78626
512-943-1300 Office
512-943-3281 Fax

Criminal Complaint Packet

The Financial Crimes Unit is responsible for investigating your criminal complaint, documented under WCSO case # _____. Specific and detailed information is required to prosecute cases of this nature. This packet is a guide to ensure a satisfactory case can be presented to the Williamson County District Attorney's Office for review and possible prosecution.

The information contained herein is the *minimum* required for indictment. More information may be requested after initial review by the handling Detective. All forms contained within this packet, which are applicable in your criminal complaint, need to be completed and returned in a timely manner. Unnecessary delays in submitting documentation may jeopardize your criminal case and result in the investigation being closed. It is imperative to return this completed packet as soon as possible to the Detective assigned to your case. Accuracy, completeness, and legibility of documents are of the utmost importance.

Prior to gathering documentation, it is **highly recommended** you conduct a review of your business files and reconcile your accounts. This will prevent submitting documentation prematurely, only to determine later the crime is more severe than originally known.

Many of the cases investigated by the Financial Crimes Unit have a civil component. We recommend you consult with an attorney to determine your legal rights and civil remedies regarding this matter prior to filing a criminal complaint.

The included **DOCUMENT CHECKLIST** will assist you in compiling the necessary information. Attach photocopies of all related contracts, invoices, reports, and other documents which are relevant. You will need to provide two copies of your documentation, one unmarked copy to be used for court purposes and a second copy in which you highlight and/or make notes regarding pertinent areas. In most cases, you may also provide documentation in a digital format (CD or flash drive).

The "Victim/Witness Information Form" must be completed for each individual who can offer testimony in this matter.

Once you have completed the attached forms, please send them to evidence@wilco.org or mail the packet to the address above. Upon receipt of the complaint packet it will be reviewed, and you will be contacted.

Criminal Complaint Forms

This complaint packet will assist you to initiate an investigation into violations of the laws of the State of Texas.

INSTRUCTIONS

1) TYPE OR PRINT LEGIBLY.

2) The attached forms must be complete and accurate to properly evaluate your case for criminal prosecution.

3) Any sections which are not applicable to your case must be noted with "N/A".

4) **Victim statement:** Describe the facts of the complaint, in the order in which they occurred. Include details that describe who, what, when, where, how, and why this incident happened. Reference and explain all documentation submitted and describe each witness and their involvement. The victim statement form is located on page 7. Photocopy the page as needed. A *Statement Information Supplement*, included on page 9, must accompany all written statements. A victim statement you provide must be an **original and signed** document.

Witness Statement: Written statements of witnesses are crucial to an investigation. A witness statement is required from each individual that has knowledge of the crime committed. The witness statement form is located on page 8. Photocopy this page as needed. A *Statement Information Supplement*, included on page 9, must accompany all written statements. Witness statements you provide must be **original and signed** documents.

5) The ***Business Records Affidavit***, located on page 4 must be completed whenever you provide a copy of records you have maintained, or when you obtain records from a third-party source, such as an outside vendor or other company.

You, yourself, complete the ***Business Records Affidavit*** when you have been the custodian of evidentiary records which are kept during the normal course of business and you can attest to their authenticity. If you obtain records from a third-party source, please ask their custodian of records to complete the ***Business Records Affidavit*** and include it with their records.

Without a ***Business Records Affidavit*** showing the authenticity of records, they will not be accepted as evidence.

6) All statements must be signed and notarized if possible.

7) Upon completion, forward the packet and all required information, either by mail or in person, to:

Williamson County Sheriff's Office
Financial Crimes
508 S. Rock St.
Georgetown, TX 78626

DOCUMENT CHECKLIST

Document:

Submitted:

- | | |
|---|------------|
| 1. Copy of entire employee file; applications, W2, 1099 forms, discipline history | Y / N / NA |
| 2. Copy of suspect's time cards and schedule showing days off, vacation and/or sick days | Y / N / NA |
| 3. Copy of at least 4 payroll checks (front & back) and/or direct deposit payroll information | Y / N / NA |
| 4. Copy of documentation indicating the suspect has been trained in proper company procedures | Y / N / NA |
| 5. Copies of company policies/procedures related to the employee's handling of money | Y / N / NA |
| 6. Copies of bank records & BUSINESS RECORD AFFIDAVIT for the business account | Y / N / NA |
| 7. Copies of check register log, cash disbursements log, affected accounts payables/receivables | Y / N / NA |
| 8. Copies of checks, invoices, or purchase orders related to the act | Y / N / NA |
| 9. Copies of affected product inventories for years in which the act took place | Y / N / NA |
| 10. Any surveillance video depicting all related transactions | Y / N / NA |
| 11. ORIGINAL statement from Complainant and Witnesses | Y / N / NA |
| 12. ORIGINAL statement/confession of suspected employee | Y / N / NA |
| 13. An audit of the records to establish the amount of loss with an attached spreadsheet | Y / N / NA |
| 14. Business records affidavit (pg. 4) | Y / N / NA |
| 15. Information regarding reimbursement from an insurance company and contact information | Y / N / NA |
| 16. Copy of procedure for establishing computer logon and establishing a password | Y / N / NA |
| 17. <i>Other information here</i> | Y / N / NA |

For the documents listed above, where copies only are requested, list the person who is in custody and control of the originals:

Name: _____

Address: _____

Email: _____ **Position/Title:** _____

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

Information of person completing the packet:

Name: _____

Address: _____

Email: _____ **Position/Title:** _____

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

If any required documentation was not submitted, explain (attach additional sheets as necessary):

[illegible]

THE STATE OF _____
COUNTY OF _____

BUSINESS RECORDS AFFIDAVIT

Before me, the undersigned authority, personally appeared _____, who,
being by me duly sworn, deposed as follows:

My name is _____, I am of sound mind, capable of making this affidavit,
and personally acquainted with the facts herein stated:

I am the custodian of records of _____. Attached hereto are _____ pages of
records from _____.

These said _____ pages of records are kept by _____ in the regular course of
business, and it was the regular course of business of _____ for an employee or
representative of _____, with knowledge of the event, condition, opinion, or
diagnosis, recorded to make the record or to transmit information thereof to be included in such
record; and the record was made at or near the time or reasonably soon thereafter. The records
attached hereto are the original or exact duplicates of the original.

AFFIANT

SWORN AND SUBSCRIBED before me on the _____ day of _____, _____.

NOTARY PUBLIC,
STATE OF _____
Notary's printed name:

My commission expires:

Victim / Witness Information Form

Victim Information

Name: _____ Title: _____

Sex: _____ Race: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Business Phone: _____ Fax: _____

Witness #1 Information

Name: _____ Title: _____

Sex: _____ Race: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Business Phone: _____ Fax: _____

Witness #2 Information

Name: _____ Title: _____

Sex: _____ Race: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Business Phone: _____ Fax: _____

Witness #3 Information

Name: _____ Title: _____

Sex: _____ Race: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Business Phone: _____ Fax: _____

If more space is needed to document witness information, please photocopy this sheet.

Suspect Information Form

Suspect #1 Information

Name: _____ Title: _____

Sex: _____ Race: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Business Phone: _____ Fax: _____

Suspect #2 Information

Name: _____ Title: _____

Sex: _____ Race: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Business Phone: _____ Fax: _____

Suspect #3 Information

Name: _____ Title: _____

Sex: _____ Race: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Business Phone: _____ Fax: _____

Suspect #4 Information

Name: _____ Title: _____

Sex: _____ Race: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Business Phone: _____ Fax: _____

If more space is needed to document suspect information, please photocopy this sheet.

VICTIM STATEMENT

STATE OF _____

PAGE ____ **OF** ____

COUNTY OF _____

Before me, the undersigned authority in and for the State and County aforesaid, on this day personally appeared _____ who being by me first duly sworn upon his/her oath deposes and says:

My name is _____, I was born on _____ and I am _____ years old. I am employed by _____ which is located at _____. My job title is _____ and my duties are to _____. I have been with this company since _____.

I have read my statement and it is true and correct. I will appear in court and testify to the facts in this case if necessary.

Signature _____

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

Notary Public in and for _____ County, _____

SEAL

WITNESS STATEMENT

STATE OF _____

PAGE ____ **OF** ____

COUNTY OF _____

Before me, the undersigned authority in and for the State and County aforesaid, on this day personally appeared _____ who being by me first duly sworn upon his/her oath deposes and says:

My name is _____, I was born on _____ and I am ____ years old. I am employed by _____ which is located at _____. My job title is _____ and my duties are to _____. I have been with this company since _____.

[illegible]

I have read my statement and it is true and correct. I will appear in court and testify to the facts in this case if necessary.

Signature _____

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

Notary Public in and for _____ County, _____

SEAL

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: _____

Drivers License: (state & number) _____

Nearest Relative Other Than Spouse:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Place of Employment: _____ Phone: _____