

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 – Acceptor

Form must be completed by BUSINESS ACCEPTING CHECK OR MONEY ORDER

Williamson County Sheriff's Office Case # _____
Submitted for: (Business name) _____
Submitted by: (Person completing form) _____
Business Address: _____ Hm Phone: _____ Cell Phone: _____
Date form completed: _____

NOTE: * Questions 1 through 4 must be answered.
 This form must accompany EACH check submitted 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. Account Name on Check: _____ Check Number: _____
* 2. Has the account holder declared the check a forgery? Y / N
* 3. If yes, how was it determined? _____
* 4. Can the check acceptor identify the person who passed the check? Y / N
5. Other witnesses:
Name _____ Phone: (Home) _____ (Cell) _____
Name _____ Phone: (Home) _____ (Cell) _____
6. Name/Description of Suspect: _____
Race _____ Sex _____ Age _____ Hight _____ Weight _____ Hair Color _____
7. Description of suspect vehicle:
Year _____ Make _____ Color _____ License Plate _____ State _____

***** If videos or photos are available, submit copies with video/photo affidavit.**

STAPLE ORIGINAL OR BANK FURNISHED CHECK HERE. KEEP A COPY FOR YOUR RECORDS.

Mail to address listed above.

VIDEO/PHOTO EVIDENCE AFFIDAVIT

STATE OF TEXAS
COUNTY OF WILLIAMSON

My name is _____. I am an authorized custodian of records for _____. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts of this case. I have supplied photographs which correspond to the date and time of the offense as it occurred at our business. All photographs and video are recorded and kept during the regular course of business. All photographs submitted are true and accurate depictions of the scene as it occurred that date and time. This is based on my personal knowledge, acquired while investigating this offense as part of my duties as a custodian of records. The photographs are originals or exact duplicates obtained from original video taken on the date and time listed in each photograph.

I am submitting the following items:

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: _____