

# STEPHENVILLE POLICE DEPARTMENT FORGED CHECK REPORT

**THIS REPORT MUST BE COMPLETED BEFORE BEING SUBMITTED  
TO THE STEPHENVILLE POLICE DEPARTMENT**

In order to file a criminal complaint in this matter the Stephenville Police Department needs your help. By providing the information in this report you can assist us in the prosecution of your case.



**If you are the:**

## Account Holder

### Required Materials

- Completed Pages 7 & 8 of this report
- Signed Forgery affidavit from the bank

### Recommended

- Completed Page 2 if making the initial report
- Restitution List (if applicable)
- Any additional information or evidence related to the case.

## Receiving Person or Business

### Required Materials

- Completed Pages 2-6 of this report
- The original check or legal copy
- Restitution List

### Recommended

- Video surveillance of the incident and/or suspect
- Records Related to the transaction or suspect (i.e. receipts or transaction logs)
- Additional witness information
- Any additional information or evidence related to the case.

**This form must be received by:** \_\_\_\_\_

**Return to:** \_\_\_\_\_ **Badge #** \_\_\_\_\_

***Failure to return these documents by the due date will result in this case not being filed.***

**Please bring or mail this report along with the above original documents to:**

**Stephenville Police Department**  
356 N. Belknap  
Stephenville, TX 76401

**Contact Information:**  
254-918-1200 (24 Hrs)  
254-918-1290 (Fax)  
www.stephenvillepolice.org

Case #: \_\_\_\_\_

Rev: Jul-10

STEPHENVILLE POLICE DEPARTMENT  
FORGED CHECK REPORT

FORGED CHECK INFORMATION

DATE CHECK PASSED: \_\_\_\_\_ TIME CHECK PASSED: \_\_\_\_\_ AM PM

Location Where Check Passed: \_\_\_\_\_

Type of Transaction (i.e. cashed, purchase goods): \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_ DATE ON CHECK: \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_

PERSON/BUSINESS NAME ON CHECK: \_\_\_\_\_

ADDRESS ON CHECK: \_\_\_\_\_

TELEPHONE NUMBER(S) ON CHECK: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

REASON CHECK RETURNED BY BANK: \_\_\_\_\_

SIGNATURE ON CHECK: \_\_\_\_\_

WHO WAS CHECK MADE OUT TO: \_\_\_\_\_

Include Any Additional Details

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STEPHENVILLE POLICE DEPARTMENT  
FORGED CHECK REPORT

THIS SECTION TO BE COMPLETED BY THE BUSINESS  
THAT RECEIVED THE FORGED CHECK

Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      POSISTION: \_\_\_\_\_

***Complainant Information***

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_      SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_      STATE \_\_\_\_\_

CIRCLE ONE:    MALE    FEMALE

Include Any Additional Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case #: \_\_\_\_\_

STEPHENVILLE POLICE DEPARTMENT  
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**Complainant's  
Intent to Prosecute / Intent Not to Prosecute:**

*(Please check one)*

\_\_\_\_\_ It is my **Intent to Press and Prosecute** this case, and I am requesting that charges be filed.

- I realize that I may be called to testify in court regarding this case and **I am willing to testify.**
- I will swear to the acts alleged in the proper office for the purpose of initiating prosecution.
- If I represent a business or organization it is the desire of the business or organization to **pursue** this case.
- I understand that **only** the State's Attorney and the presiding Judge can cause this case to be dismissed.
- I understand that all restitution in this case must be filed and made through the State's Attorney. I agree not to solicit nor accept any payment or restitution in this case unless it's through the State's Attorney.

\_\_\_\_\_ I **do not** wish to pursue charges in this case.

Signature of Complainant: \_\_\_\_\_

*I understand that making a false report to a police agency is a Class B Misdemeanor punishable by up to 180 days in the County Jail and/or a fine not to exceed \$2000.*

Case #: \_\_\_\_\_

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# STEPHENVILLE POLICE DEPARTMENT FORGED CHECK REPORT

## THIS SECTION TO BE COMPLETED BY PERSON WHO ACCEPTED THE CHECK

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_-\_\_\_\_-\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_ CELL PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_ POSITION: \_\_\_\_\_

CIRCLE ONE: MALE FEMALE

**PLEASE CHECK "YES" OR "NO" BELOW. IF UNKNOWN OR CANNOT REMEMBER, CHECK "UNK"**

YES NO UNK

\_\_\_ \_\_\_ \_\_\_ WAS A VIDEO TAPE USED DURING THE TIME THE CHECK WAS PASSED?

\_\_\_ \_\_\_ \_\_\_ DO YOU HAVE A REGISTER RECEIPT OF THE TRANSACTION?

\_\_\_ \_\_\_ \_\_\_ WAS THE CHECK WRITTEN IN YOUR PRESENCE?

\_\_\_ \_\_\_ \_\_\_ WAS THE CHECK SIGNED IN YOUR PRESENCE?

\_\_\_ \_\_\_ \_\_\_ WAS A THUMBPRINT OBTAINED FROM THE PASSER OF THE CHECK?

\_\_\_ \_\_\_ \_\_\_ DID YOU LOOK AT A PICTURE ON A DRIVER'S LICENSE OR STATE ID CARD?

\_\_\_ \_\_\_ \_\_\_ CAN YOU DESCRIBE THE PASSER OF THE CHECK?

\_\_\_ \_\_\_ \_\_\_ COULD YOU PICK THE PASSER OF THE CHECK OUT OF A PHOTO LINE-UP?

1. What do you remember about the check? \_\_\_\_\_

\_\_\_\_\_

2. What do you remember about the passer of the check? \_\_\_\_\_

\_\_\_\_\_

3. What type of identification (if any) did the passer of the check use? \_\_\_\_\_

\_\_\_\_\_

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**STEPHENVILLE POLICE DEPARTMENT  
FORGED CHECK REPORT**

4. What did the passer of the check purchase? \_\_\_\_\_

\_\_\_\_\_

5. Describe any conversation you had with the passer of the check: \_\_\_\_\_

\_\_\_\_\_

6. Describe any persons with the passer of the check: \_\_\_\_\_

\_\_\_\_\_

7. Include Any Additional Details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person accepting check: \_\_\_\_\_

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# STEPHENVILLE POLICE DEPARTMENT FORGED CHECK REPORT

## THIS SECTION TO BE COMPLETED BY THE ACCOUNT HOLDER

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_-\_\_\_\_-\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_ CELL PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_ Employer: \_\_\_\_\_

CIRCLE ONE: MALE FEMALE

**PLEASE CHECK "YES" OR "NO" BELOW. IF UNKNOWN OR CANNOT REMEMBER, CHECK "UNK"**

YES NO UNK

\_\_\_ \_\_\_ \_\_\_ Was the check passed on your account stolen?

\_\_\_ \_\_\_ \_\_\_ If stolen, has a police report been done? If so #: \_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_ Do you know who may be forging your checks?

\_\_\_ \_\_\_ \_\_\_ Has your bank or will your bank refund the money for this check?

\_\_\_ \_\_\_ \_\_\_ Have you given **ANYONE** permission to sign or use this or other checks?

Include Any Additional Details

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Account Holder's

Intent to Prosecute / Intent Not to Prosecute:

*(Please check one)*

\_\_\_\_\_ It is my **Intent to Press and Prosecute** this case, and I am requesting that charges be filed.

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