



TOWN OF EAST TROY POLICE DEPARTMENT

Don P. Jensen Sr. – Chief of Police

N9330 Stewart School Rd.

P.O. Box 664

Town of East Troy, WI 53120

Non-emergency 262-642-3700

Fax 262-642-9701

FORGERY PACKET

TO WHOM IT MAY CONCERN:

This packet contains the forms necessary for you to file a FORGERY complaint with the Town of East Troy Police Department under Wisconsin State Statute 943.38. Complete this packet only after you have been instructed to do so by an officer. **ONLY complaints where the incident occurred WITHIN the Town of East Troy and where YOU are the victim will be accepted.**

If your check was stolen and later forged at a bank or business, YOU ARE NOT THE VICTIM of the forgery; in most circumstances the bank or business will file this forgery complaint. In the event that your bank or financial institution does not credit your bank account, you can complete this forgery packet. Include with this packet, a copy of the denial letter from your bank or financial institution stating that you will suffer the financial loss.

It is important that all forms be complete, accurate and legible. All information must be printed except your signature. Once the forms have been completed, come into the station to file your complaint. Forgery packets will not be accepted either by mail or electronically.

NOTE: Forged documents should be placed inside a plastic or paper envelope. Affidavits MUST be signed and notarized prior to appearing at the station.

To file this complaint, you **must** provide all of the following:

1. The **original** forged check, sales draft or other document
2. The list of persons involved
3. The incident summary
4. The **original** affidavit

This is a: check / credit card / sales draft / money order / other: _____

Reported for: _____ Telephone: () _____
Business name Business

Address: _____
Business address, city, state, zip code

Reported by: _____ Telephone: () _____
Your name Date of birth Home

Address: _____ Occupation: _____
Your home address, city, state zip code

ALL SPACES MUST BE FILLED IN

1. Date and time item was first presented: _____
2. Address where item was presented: _____
3. Name of person who accepted item: _____
4. Home address of person who accepted item: _____
5. Was a store check cashing card filled out? No Yes (If yes, attach card)
6. Was the item endorsed/signed in someone's presence? No Yes
If yes, name of person: _____
7. Account holder: _____ Type of credit card: _____
8. Card/check number: _____ Amount \$ _____
9. Name of passer (suspect), if known: _____
10. Address of passer (suspect): _____
11. Suspect description: Race _____ Sex _____ Age _____ DOB _____ Build _____
Height _____ Weight _____ Hair Color _____ Eye Color _____
Other features: _____
12. Type of identification used (include number): _____
13. Can suspect be identified? No Yes By whom? _____
14. Identifier's address: _____ Telephone: _____ DOB: _____
15. Is a vehicle involved? No Yes Description and license: _____
16. Surveillance or video photo taken? No Yes (If yes, include still photo and CD/DVD of video)
17. Was fingerprint taken? No Yes By whom? _____
18. Was a theft (of check, card, etc.) complaint filed? No Yes If yes, MPD Incident Number: _____

I understand that I agree to prosecute this matter regardless of any payment or restitution to me or my business and that this complaint must be filed in person or by designee.

Your signature

Position/title

Date

PERSONS INVOLVED

Supply the following information about **everyone** listed on the previous page, including, but not limited to: you – the person filling out the report; **ALL** witnesses; the person who accepted the check; the suspect; any accomplices; the account holder; any other persons having information concerning this offense. Provide all the information you can reasonably obtain and fill in all spaces if at all possible. If this page is not filled out the complaint will **NOT** be accepted. (Attach additional sheets as needed.)

Name: _____ DOB: _____ Telephone: () _____

Home address, city, state, zip code: _____

Employer: _____ Work telephone: () _____

Work address, city, state, zip code: _____

How involved (owner, teller, cashier, suspect, etc.)? _____

Name: _____ DOB: _____ Telephone: () _____

Home address, city, state, zip code: _____

Employer: _____ Work telephone: () _____

Work address, city, state, zip code: _____

How involved (owner, teller, cashier, suspect, etc.)? _____

Name: _____ DOB: _____ Telephone: () _____

Home address, city, state, zip code: _____

Employer: _____ Work telephone: () _____

Work address, city, state, zip code: _____

How involved (owner, teller, cashier, suspect, etc.)? _____

Name: _____ DOB: _____ Telephone: () _____

Home address, city, state, zip code: _____

Employer: _____ Work telephone: () _____

Work address, city, state, zip code: _____

How involved (owner, teller, cashier, suspect, etc.)? _____

INCIDENT SUMMARY

In this section, explain what occurred (**type or legibly print**) in chronological order, including who did what, who observed what, who heard what and what happened. Also include information documenting how you obtained information about what occurred, who the suspect is, etc.

Use as many sheets as necessary to provide this information. **IF THIS PAGE IS NOT LEGIBLE, YOUR COMPLAINT WILL NOT BE ACCEPTED.**

FORGERY PACKET AFFIDAVIT OF

- Forged maker Forged endorsement Altered check Other (describe) _____
 Fraudulent deposit Financial card non-use Fraudulent transaction

STATE OF WISCONSIN
COUNTY OF _____

I (we) am (are) _____ and reside at _____ in the city of _____, state of _____, phone number (_____) _____, being duly sworn, and under penalty of perjury (ss 946.31) or false swearing (ss 946.32) declare that my (our) account number is _____ from the financial institution _____ and that account is a checking / savings / equity / credit card / debit card account. I (we) further declare that I (we) did not make / endorse / deposit / authorize the check / draft / transaction, nor authorize any other person to do so, and the following incident(s) occurred:

CHECK DATE	TRANSACTION DATE	CHECK AMOUNT	CHECK NUMBER	ACCOUNT HOLDER NAME	NAME OF BANK	PAYABLE TO

and that any signature / endorsement / authorization is a forgery. I (we) further swear / affirm that I (we) have received no benefit or proceeds directly or indirectly through the payment of said document or transaction, and that said instrument was lost / stolen on (date) _____ in the following manner: _____ in/at (location) _____. By affixing my (our) signature(s) to this document, I (we) agree to fully cooperate with all federal, state, county or municipal law enforcement agencies, and to appear and testify, as needed, in criminal court, and that failure to cooperate or testify as needed may be grounds for any financial institution to dishonor this affidavit. I (we) also authorize the release of any financial records on my accounts to the investigating law enforcement agency where necessary to further the investigation and that a true copy of this affidavit may be accepted by said institution(s) as a proper release form.

Signed _____
 Signed _____
 (Sign in presence of Notary)

NOTARY SEAL HERE	Subscribed and sworn before me this _____ day of _____, 20____ _____ Notary Public Signature Commission expires: _____
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