



FORGERY COMPLAINT

SPD #205 Rev 04/09

TO WHOM THIS MAY CONCERN:

This packet contains the forms necessary for you to file a **FORGERY** complaint under Wisconsin Statute 943.38 with the Sheboygan Police Department. **ONLY** those incidents occurring **WITHIN** the City of Sheboygan will be accepted.

It is important that all forms are complete, accurate, and legible. Typing or printing is encouraged except where otherwise instructed. We suggest that you telephone the Criminal Investigation Division to clarify any questions, and to set up an appointment to file the complaint. Telephone calls should be made between 8:00 a.m. and 5:00 p.m. Monday through Friday. **FORMS ARE NOT ACCEPTED BY MAIL**

After completing all of the forms, call (920) 459-3355 to make an appointment to bring this complaint to the Sheboygan Police Department Criminal Investigation Division. The address of the Criminal Investigation Division is 1315 N 23rd St, Suite 101, Sheboygan, WI 53081-3180.

NOTE:

1. PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES
2. Forged documents should be placed inside a plastic or paper envelope.
3. Signed affidavit **MUST BE NOTARIZED.**
4. Contact your banking institution(s) and have assurances that your compromised accounts are closed.

DEPARTMENT
OF POLICE

1315 N. 23RD ST.
SUITE 101
SHEBOYGAN, WI
53081-3180

920/459-3333
FAX 920/459-0205

www.sheboyganpolice.com

SHEBOYGAN POLICE DEPARTMENT FORGERY WORKSHEET

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 by: _____ Phone: _____
Business Name (if applicable) Business

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

Reported by: _____ Phone: _____
Your name Date of Birth Home phone

Address: _____
Your home address, city, zip code

FILL IN ALL APPLICABLE SPACES:

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? Yes No (If yes, attach the card)
6. Was the item endorsed/signed in someone's presence? Yes No
If yes, who? _____
7. Account holder _____ Type of credit card _____
8. Card/check number _____ Amount \$ _____
9. Name of passer: _____
10. Address of passer: _____ Phone _____
11. Suspect description: Race: _____ Sex: _____ Age: _____ DOB: _____
Height: _____ Weight: _____ Build: _____ Hair Color: _____ Eye Color: _____
Other features: _____
12. Type of identification used (include number): _____
13. Can suspect be identified? Yes No By Whom? _____
14. Identifier's address: _____ Phone _____ DOB _____
15. Is a vehicle involved? Yes No Description & license _____
16. Security photo or video taken? Yes No
17. Is there fingerprint evidence? Yes No
18. Was a theft (of check, card, etc.) complaint filed? Yes No # _____

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

Date

PERSONS INVOLVED

Supply the following information about everyone that you contacted to gather information, including, but not limited to: you – the person filling out this 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 information you can reasonably obtain, and fill in all spaces if at all possible. If this section is not filled out, the complaint will NOT be accepted.

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

AFFIDAVIT OF

- | | | |
|---|---|---|
| <input type="checkbox"/> Forged maker | <input type="checkbox"/> Forged endorsement | <input type="checkbox"/> Altered check |
| <input type="checkbox"/> Fraudulent deposit | <input type="checkbox"/> Financial card non-use | <input type="checkbox"/> Fraudulent transaction |
| <input type="checkbox"/> Other (describe) _____ | | |

STATE OF WISCONSIN

COUNTY OF _____ :SS

I (we) am (are) _____ and reside at _____, phone number _____, in the City of _____, State of _____,

being duly sworn, and under penalty of perjury (§ 946.31) or false swearing (§ 946.32), declare that my (our) account number is _____ from the financial institution _____ and that this 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 so do, which occurred:

Date	Amount	Number	Drawn by (maker/terminal)	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 to 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.

STATE OF WISCONSIN

COUNTY OF SHEBOYGAN

Signed and sworn to before me on _____ day of _____, 20 __ ,

Your Signature

SEAL Notary Public
My commission expires _____