

San Antonio Police Department

Forgery Office Hours: 8am-5pm (Mon-Fri)

315 S. Santa Rosa

For further assistance call (210) 207-7451 or (210) 207-4TTY(4889)

Forged Check Form-Account Holder

Form must be completed by the Account Holder or Purchaser of Money Order

San Antonio Police Dept Case #: _____

Submitted By : (Person completing form) _____

Address: _____ Hm Phone: _____ Cell Phone: _____

Date form completed: _____

NOTE:

***This form must be completed for investigation.**

***If additional space is needed, use the back of the form and identify by number.**

***Only checks passed in San Antonio will be accepted.**

1. Address where check was accepted: _____

Name of person who accepted check: _____

Date check accepted: _____ Time accepted: _____

Was a photo or video taken: YES () NO ()

Contact Person for video/photos: _____ Phone: _____

2. Name of Suspect: _____

Race _____ Sex _____ Age _____ Hgt _____ Wt _____ Hair Color _____

How do you know the Suspect? _____

3. Other Witnesses:

Name: _____ Phone: (Home) _____ (Bus.) _____

Name: _____ Phone: (Home) _____ (Bus.) _____

**STAPLE ORIGINAL OR BANK FURNISHED CHECK HERE (front and back).
KEEP A COPY FOR YOUR RECORDS**

Mail To:

San Antonio Police Department

Forgery Unit

315 S. Santa Rosa

San Antonio, TX 78207

ACCOUNT HOLDER STATEMENT/AFFIDAVIT

STATE OF _____ §
COUNTY OF _____ §

My Name is _____. My date of birth is _____.
My address is _____.
SAPD Case # _____.

I am the person named as ACCOUNT HOLDER () or PAYEE () or ENDORSER () on the following checks/money orders:

Check #	Amount	Account Holder	Payee	Financial Institution
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I state that the above listed check(s) is a forgery. I have not received any of the proceeds of said check(s) nor derived any benefit from the said check(s). I request prosecution and will appear as a witness in this case. I wish to state the following:

Signature _____

Sworn to and subscribed before me this _____ day of _____, A.D., 20__.

SEAL

Notary Public

(Statement Information Supplement must be included with this statement)

San Antonio Police Department

Statement Information Supplement

Note: This information is strictly confidential and only for Police 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:** _____
