

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-Acceptor

Form must be completed by **BUSINESS ACCEPTING CHECK OR MONEY ORDER**

San Antonio Police Dept Case #: _____

Submitted For : (Name of business) _____

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 San Antonio will be accepted.**

*1. Account Name on Check: _____ Check Number: _____

*2. Has the account holder declared the check a forgery? YES () NO ()

If yes, how was it determined? _____

(If police case number, name of agency and case number)

*3. Address where check was accepted: _____

Name of person who accepted check: _____

Date check accepted: _____ Time accepted: _____

Hours acceptor can be contacted: _____ Phone number: _____

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

Contact Person for video/photos: _____ Phone: _____

Retention Time of Photos/Video: _____ (ex..14 days, 30 days)

*4. Can the check acceptor identify the person who passed the check? YES () NO ()

5. Other Witnesses:

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

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

6. Name/Description of suspect: _____

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

7. Description of suspect vehicle:

Year _____ Make _____ Color _____ License Number _____ State _____

*****If video 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:

San Antonio Police Department

Forgery Unit

315 S. Santa Rosa

San Antonio, TX 78207

VIDEO/PHOTO EVIDENCE AFFIDAVIT

STATE OF TEXAS §
COUNTY OF BEXAR §

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 upon 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 _____, 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:** _____
