Forged Check Form-Acceptor

San Antonio Police Dept Case #: __________________________
Submitted For : (Name of business) ______________________________________
Submitted By : (Person completing form) ________________________________ Hm Phone: ___________ Cell Phone: ___________
Business Address: ___________________________ 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: ___________
   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)

2. 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)

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

4. Other Witnesses:
   Name: ___________________________ Phone: (Home) ___________ (Bus.) ___________
   Name: ___________________________ Phone: (Home) ___________ (Bus.) ___________

5. Name/Description of suspect:
   Race ________ Sex ________ Age ________ Hgt ________ Wt ________ Hair Color ________

6. Description of suspect vehicle:
   Year _____ Make ______ Color ________ License Number ________ State ________

7. 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
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SAPD Form No. 45-FCA, Rev.(Mar 2015)
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: ____________________________