

ROSEMOUNT POLICE DEPARTMENT
FINANCIAL CRIME PACKET



REPORTING IDENTITY THEFT AND FINANCIAL
TRANSACTION CARD FRAUD

The information requested in this packet is needed for the effective investigation and prosecution of financial crimes. It is important that you as the reporting party provide us with the information necessary to investigate. Please contact your bank and/or creditor and request the location(s), date(s), and time(s) of the unauthorized usage.

Please answer the following questions to help us better evaluate the situation:

Yes	No	Circumstances of your case
		My credit, debit, or other type of financial card was lost or stolen. Where?
		My credit, debit, or other type of financial card was presented to a merchant without my permission. Where?
		My credit, debit, or other type of financial card was used to make an unauthorized purchase in the city of Rosemount.
		My credit, debit, or other type of financial card was used to make unauthorized purchases somewhere other than the city of Rosemount. Where?
		My account number (not a financial card) was used to make an unauthorized transaction(s) and/or purchases in any city/state, or via the internet.
		My personal information (name, social security number, date of birth, driver's license number, etc.) was used to create a <u>new</u> unauthorized financial account?
		My credit, debit, or other type of financial card was used to make unauthorized transactions, but my actual card is still in my possession.

Please gather the information listed below, complete this packet, and file a report with the Rosemount Police Department.

The following documentation will be required prior to opening an investigation:

- Affidavit of Fraud/Forgery (signed and notarized).
- A copy of account statements that indicate the date, time, and location of any unauthorized use.
- Completed attached forms.
- Please contact the fraud department of your bank or Credit Card Company and ask that they indicate in their file the Rosemount Police Department case file number and that you will authorize the release of account information specific to the fraud.

PLEASE COMPLETE AND RETURN THIS PACKET AS SOON AS POSSIBLE

Upon the initial report to the Rosemount Police Department, this incident will be listed as an "Identity Theft Report". Once the attached documentation is completed and returned, the police department will review the case and, if applicable, assign the case for criminal investigation. If all necessary documentation is not received within 30 days of the report to police, the case file will be inactivated.

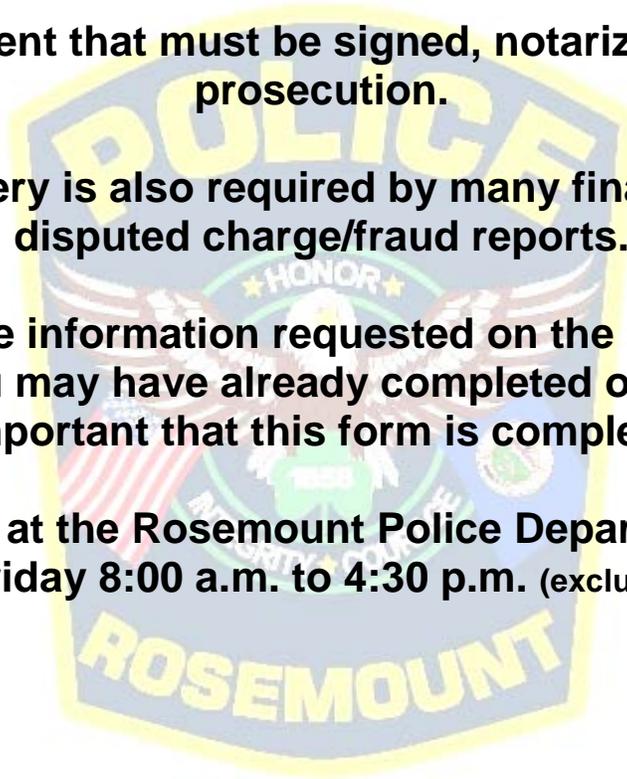
On the following page you will find an Affidavit of Forgery.

This is a legal document that must be signed, notarized, and is required for prosecution.

An Affidavit of Forgery is also required by many financial institutions for disputed charge/fraud reports.

Although some of the information requested on the Affidavit of Forgery is repetitive to what you may have already completed on previous pages, it is important that this form is complete.

A notary is available at the Rosemount Police Department lobby, Monday through Friday 8:00 a.m. to 4:30 p.m. (excluding holidays).



Affidavit of Forgery

CASE FILE: _____

STATE OF MINNESOTA
COUNTY OF DAKOTA

I, _____, being duly sworn on oath, state as follows:

- (1) that I am at least 18 years old;
- (2) that I have examined the statement, deposit, draft, withdrawal, or other transaction described below; and
- (3) that payment of the item was not authorized by me because:

Forged or unauthorized account holder signature.
Unauthorized withdrawal.
Unauthorized use of stolen/lost financial card.
Unauthorized use of financial account information.

Briefly list the transaction amount(s), transaction location(s), and transaction date(s)/ time(s) below:



(Attach additional sheet(s) if more space is needed)

I also state as follows:

- (1) that I have not signed or altered the item(s) referred to above, and that I have not authorized my signature on the item(s) or alteration of the item(s);
- (2) that I have received no payment or benefit (directly or indirectly) as a result of the payment of the item(s) referred to above;
- (3) that I will provide any information I have as to the person who is responsible for signing my name on the item or altering the item; and
- (4) that all my statements above are true and that I will cooperate fully in the investigation and prosecution of this matter.

Subscribed and sworn to before me this _____
day of _____, 20____.

Signature

Address

Telephone

Notary