



**Henry County Police Department
Financial Crime Statement**

Case #

Instructions

1. Please provide the following information to better assist in the investigation. If you do not know the answers, simply fill in the areas you can. All answers should be applicable to the crime that you are reporting.
2. Please provide copies of bank statements, credit card statements, checks (both sides), affidavits of forgery and any related correspondence as soon as possible.
3. If possible, please include originals or copies of all available documents at the time of your initial report.
4. If you have questions, contact the police department by calling 770-288-8200.

Financial crime involves unauthorized use of:

Check Credit Card Identity Other : _____

Account #	Check #	Credit Card #
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Banking/Financial Institution:	Banking Branch:
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Banking/Financial Institution Contact Name:	Banking/Financial Institution Contact Phone #
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Where did the theft and/or fraudulent use occur? _____ _____ _____ _____	When did theft and/or fraudulent use take place? Date/s: _____ _____ Time/s: _____ _____
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What is your name? (Last, First, Middle)	What is your phone number? Home # _____ Work # _____ Cell # _____
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Date of Birth:	Social Security #	Driver's License or ID#	Sex	Race
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What is your address?

Do you know the identity of the suspect? Yes No **If yes, please provide information on the suspect.**

Name:	Date of Birth:	Race:	Sex:	Phone #
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Address:

Has your banking institution reimbursed you for any losses? Yes No

Have you closed the account/s? Yes No

If the suspect/s are identified and enough evidence to support prosecution is established, do you wish to prosecute?
 Yes No

Consent to Access Account Information

I hereby authorize the Henry County Police Department to act as my agent concerning matters related to this case or any associated financial crime. I request that any business, agency or person with information or documents concerning this case, provide that information to the Henry County Police Department upon their request.

I did not authorize anyone to use my name, personal information or accounts to seek the money, credit, loans, goods or services described in this police report. I certify that the foregoing is true and accurate to the best of my knowledge.

Signature: **X**

HENRY COUNTY POLICE DEPARTMENT

STATEMENT FORM

CASE NUMBER: _____

PERSON INTERVIEWED: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____

EMPLOYER: _____

ADDRESS: _____

PHONES:HOME: _____ WORK: _____ PAGER: _____ CELL: _____

EMAIL ADDRESS: _____

*****FOR DEPARTMENTAL USE*****

VICTIM _____ WITNESS _____ SUSPECT _____ OTHER _____

DATE/TIME STATEMENT TAKEN/INTERVIEW BEGAN: _____

COMPLETED: _____

STATEMENT TAKEN/INTERVIEWED BY: _____ ID #: _____

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DETAILS (WHO, WHAT, WHEN, WHERE, WHY, HOW) (SIGN & DATE UPON COMPLETION)

