



Case No. \_\_\_\_\_  
Department Use Only

# Marshall Police Department

2101 East End Blvd N., Marshall, TX 75670 (903) 935-4540 FAX (903) 935-4103

## Credit Card Abuse, Forgery & Fraud

Please complete all blocks of information that are relevant to your case.

### Jurisdiction:

#### ***Texas Code of Criminal Procedure 13.29***

*An offense under Section 32.51, Penal Code (Fraudulent Use or Possession of Identifying Information), may be prosecuted in any county in which the offense was committed or in the county of residence for the person whose identifying information was fraudulently obtained, possessed, transferred, or used.*

You may choose to file a report with:

- Your local agency (police, sheriff) where you live or
- Where the fraud occurred.
- Online with the FBI at <https://www.ic3.gov/>

If you are not a citizen of Marshall or the fraud did not occur in Marshall we suggest you start with your local agency or one of the online resources. They will forward the case to the appropriate jurisdiction.

If your fraud was online please file your report with one of the following agencies:

- FBI - <https://www.ic3.gov/>
- FTC – <https://identitytheft.gov>

### Required Documents:

<b>Forgery:</b>	<b>Credit Card Abuse / Fraud:</b>
Original check(s) (if available)– Handled in upper right corner – copy otherwise	Any relevant account documents
Bank Statements – Preferably 3 months	Bank / Account Statements – Preferably 3 months

**Without the following complete information we cannot investigate or issue a case number. Any item in bold is required.**

### Victim Information

**Full Legal Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
**Driver's License #:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
**Phone Numbers:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Business:** \_\_\_\_\_

### Declarations

Do you wish to prosecute the offender?

Yes ☐ No ☐

Have you **ever** authorized anyone to use your name or personal information to obtain money, credit, loans, goods, or services- or for any other purpose? If yes, describe in narrative.

Yes ☐ No ☐

Have you **ever** given **any** person authorization to use your debit, credit, checks or other financial accounts? If yes, describe in narrative.

Yes ☐ No ☐

Did you receive **any** money, good, services, or other benefit as a result of the events or compromises described in this report?

Yes ☐ No ☐

### Accounts Impacted

**Financial Institution / Business:** \_\_\_\_\_  
Point of Contact or Reference \_\_\_\_\_  
Number with Institution: \_\_\_\_\_  
**Routing No.:** \_\_\_\_\_ **Account No.:** \_\_\_\_\_  
**Debit / Credit Card No.:** \_\_\_\_\_  
**Checks or transactions affected:** \_\_\_\_\_  
Date Account Opened or Misused: \_\_\_\_\_ Date Discovered: \_\_\_\_\_  
**Total Amount:** \$ \_\_\_\_\_  
Briefly Describe  
Improper Actions: \_\_\_\_\_

Select One:

- ☐ This account was opened fraudulently.  
☐ This account was an existing account that someone tampered with.

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### Suspect Information (If Known)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Residence  
Address: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

Identification Methods: ☐ Government ID Card ☐ Thumb Print

Is Video Available: ☐ Yes ☐ No

\*\*Please prepare video as quickly as possible if it is not submitted with this report.

If Yes, from Who?  
(Name, Number): \_\_\_\_\_

Vehicle License Plate  
Description: \_\_\_\_\_ (Including State): \_\_\_\_\_

### Witness Information (including clerk / employee involved) (If Known)

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Residence  
Address: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email: \_\_\_\_\_  
Business: \_\_\_\_\_

**Statement**

**Affidavit Signature**

***I hereby swear and affirm that all the information incorporated in this affidavit is true and accurate to the best of my knowledge. I understand making a false statement is a violation of Texas Penal Code section 37.08 and that I may be prosecuted, if it determined that any portion of this affidavit is knowingly false. I am authorizing any and all entities that may have been party to fraudulent activities using my personal information to release this information to the Marshall Police Department so that they may investigate this offense.***

***Texas Penal Code 37.08***

*A person commits an offense if, with intent to deceive, he knowingly makes a false statement that is material to a criminal investigation and makes the statement to:*

- (1) a peace officer or federal special investigator conducting the investigation; or*
- (2) any employee of a law enforcement agency that is authorized by the agency to conduct the investigation and that the actor knows is conducting the investigation.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date