Merchant's Complaint Form for Forged/Counterfeit/Stolen Checks

Irving Police Department – Forgery Unit
305 N. O' Connor Road, Irving, Texas 75061
972.721.2535

This form is for checks that are forged or counterfeit. A separate form must be completed for each original check presented. **The original check must be submitted with this form**. ****This information must be complete.**** Checks that are turned in over 90 days from the date of acceptance will be returned. *If you have received a check that is NSF, you must file your complaint with the JP's office, they may be contacted at 972.259.1669.*

Today's Date: _____
Complainant (Business or Person Suffering Financial Loss):_____
Complainant's Business Address: _____
Complainant's Business Phone: _____
Is this address where the check was passed? Yes ☐ No ☐ (if No, address where check was passed?) _____
Reporting Person for Complainant: _____ Job Title: _____
Reporting Person's Work Address: _____
Work Phone: _____
Home Address: _____
Home Phone: _____Cell Phone: _____

Date check was passed: _____ **Time check was passed:** _____
Witness (Person who accepted check): _____
Race: _____ **Sex:** _____ **Date of Birth:** _____
Witness Job Title : _____
Does witness still work for complainant: ☐ Yes (address) _____
(work phone) _____
☐ No
Witness Home Address: _____
Witness Home Phone: _____**Cell Phone:**_____
Can Witness Identify The Suspect? ☐ Yes: _____
☐ No

Name or Business imprinted on check: _____
Why was check returned by bank? (attach forgery affidavit if applicable):
☐Counterfeit ☐Forgery ☐Lost/Stolen
Account Holder Name: _____
Account Holder Address: _____
Account Holder Phone: _____
Does Account Holder know suspect: ☐ Yes (how?) _____
☐ No

Suspect Name: _____
Identification used by suspect: ☐ DL/ID Card (include State) _____
☐ Other: _____
Suspect Description: *Race*: _____ *Sex*: _____ *Age:* _____
Height: _____ *Weight:* _____ *Eyes:* _____ *Hair*: _____
Suspect Vehicle: *License Plate/State*: _____ *Year:* _____
*Color:*_____ *Make:* _____ *Model:* _____

Video/Photo of suspect available? ☐Yes ☐No *(Please include disk or photo with this form if available)*
Fingerprint on check? ☐Yes ☐No
Any Additional Information?

IRVING POLICE DEPARTMENT
Affidavit of Fact

Print additional pages of the affidavit as needed.

I hereby declare under penalty of perjury the following facts about this case:

I declare all the provided information 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 it if is determined that any portion of this affidavit is knowingly false.

Signature:_____ Date: _____

Notary Public in and for:

State of:_____ County of:_____
(seal)

My commission Expires:_____