



# Pilot Point Police Department

## **FRAUD AFFIDAVIT**

The Pilot Point Police Department has developed this Fraud Affidavit to help properly document criminal offenses of Fraudulent Use of Identifying Information (Identity Theft), Credit Card Abuse and Forgery. This form will assist investigators in the collection of useful information that will be necessary to properly investigate alleged fraud offenses. The instructions for completing this affidavit are included below. If you have any questions regarding your report or the filing of this affidavit, please contact the Pilot Point Police Department at (940) 686-2969.

### **INSTRUCTIONS FOR COMPLETING THE PILOT POINT POLICE DEPARTMENT FRAUD AFFIDAVIT**

1. Answer all questions and fill in all blanks on the Fraud Affidavit. If information does not exist for a question or answer field on the form, please designate this by writing "NA".
2. Include as much information as possible regarding accounts opened or information used fraudulently, and attach supporting documentation (e.g. forgery affidavits, copy of forged checks, copy of bank statements, copy of credit card statements, etc.) to the Fraud Affidavit. You must provide documentation showing that your information was used.
3. Sign the bottom of each page (and each additional page you may add) of the Fraud Affidavit and include the Pilot Point Police Department Case # (report number) on the top right-hand corner of each page. If you make a correction, sign your initials next to it.
4. On the last page of the Fraud Affidavit, sign your name in the presence of a Notary Public. Affidavits that are not signed will not be accepted by the police department. Please note that police officers are not authorized Notary Publics.
5. Return the signed and completed Fraud Affidavit to the Pilot Point Police Department attention to Investigative Services Division, 1797 N Washington St, Pilot Point, Texas, 76258. Fraud Affidavits may be returned in person or by postal service. Reports filed with the Pilot Point Police Department that do not have a Fraud Affidavit submitted within 14 days of the initial report, or by another date designated by the department, will not be assigned to a criminal investigator nor will it be investigated.

**Please Note: Your case can not be investigated without this Fraud Affidavit.**



# Pilot Point Police Department

CFS# \_\_\_\_\_

## Victim Information

My full legal name is \_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., III)

My date of birth is \_\_\_\_\_  
(Month/Day/Year)

My social security number is----- \_\_\_\_\_

My driver's license number or state ID number is \_\_\_\_\_  
State Number

My current address is \_\_\_\_\_  
Number & Street Name Apt, Suite, etc.  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have lived at this address since \_\_\_\_\_  
(Month/Year)

My daytime telephone number is (\_\_\_\_) \_\_\_\_\_

My evening telephone number is (\_\_\_\_) \_\_\_\_\_

My email address is \_\_\_\_\_

Information at time of the Fraud (if different from above) my full legal name was:

\_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., III)

My address was: \_\_\_\_\_

Number & Street Name Apt, Suite, etc.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My daytime phone was: (\_\_\_\_) \_\_\_\_\_ My evening phone was: (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_





# Pilot Point Police Department

CFS# \_\_\_\_\_

I did OR  did not (check one) know who used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud without my knowledge or authorization.

Additional information about the crime (what happened, how/when information was obtained, how/when it was discovered, etc.):

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List of fraud committed using your personal information (Attach another page if necessary):

Account Type:  Credit  Debit  Bank  Phone/Utilities  Loan  Government Benefits  
 Internet or Email  Other \_\_\_\_\_

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Name of Institution	Contact Person	Phone	Ext
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Account Number	Routing Number	Affected Check Number(s)
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Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)
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Select One:  This account was opened fraudulently.  
 This was an existing account that someone tampered with.

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Account Type:  Credit  Debit  Bank  Phone/Utilities  Loan  Government Benefits  
 Internet or Email  Other \_\_\_\_\_

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Name of Institution	Contact Person	Phone	Ext
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Account Number	Routing Number	Affected Check Number(s)
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Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)
----------------------------------	---------------------------	----------------------------

Select One:  This account was opened fraudulently.  
 This was an existing account that someone tampered with.

Signature \_\_\_\_\_



Pilot Point  
Police Department

CFS# \_\_\_\_\_

**Victim's Law Enforcement Action**

I am OR  am not (check one) willing to assist in the prosecution of the offender(s).

I am OR  am not (check one) authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the offender(s) who committed this offense.

I have OR  have not (check one) reported the events described in this affidavit to another law enforcement agency. The law enforcement agency  did OR  did not (check one) write a report.

In the event that you have contacted another law enforcement agency, please complete the following information:

\_\_\_\_\_  
Law Enforcement Agency #1

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Law Enforcement Agency #2

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Report Number

\_\_\_\_\_  
Reporting Officer

\_\_\_\_\_  
Email Address (if applicable)

\_\_\_\_\_  
Report Number

\_\_\_\_\_  
Reporting Officer

\_\_\_\_\_  
Email Address (if applicable)

I did OR  did not receive a copy of the report from the Law Enforcement Agency listed.

Signature \_\_\_\_\_

Pilot Point Police Department



Pilot Point  
Police Department

CFS# \_\_\_\_\_

**Fraud Affidavit  
Signature & Notarization**

I certify that, to the best of my knowledge and belief, all the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**SWORN TO AND SUBSCRIBED** before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
OF AND FOR THE STATE OF TEXAS

Signature \_\_\_\_\_