

Classification 530.5 PC	PASADENA POLICE DEPARTMENT FINANCIAL CRIME REPORT	Incident #	Case #
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Instructions

1. If the suspect is known, contact this Department by calling (626) 744-4501.
2. Please provide copies of bank statements, credit card statements, checks (both sides), credit reports (Equifax, Experian, Trans Union), affidavits of forgery, and any related correspondence.
3. Include originals or copies of all available documents at the time of your initial report.
4. After completing the form and gathering the required documents, bring them to the Police Department. Sign the form and the Waiver in the presence of a Police Department employee. Be prepared to show proper identification. We are located at: **Pasadena Police Department, 207 N. Garfield Ave., Pasadena, CA**
5. If you have questions, contact the Detective Section at (626) 744-4518 or (626) 744-4522

FINANCIAL CRIME INVOLVES UNAUTHORIZED USE OF CHECK CREDIT CARD IDENTITY (NAME SS# DL/ID#)

IF INITIALLY LOST OR STOLEN, WAS A POLICE REPORT MADE? Yes No If yes, which Law Enforcement Agency took the report?
 Case Number _____ Investigating Officer _____ Phone # _____

WHERE DID THE UNAUTHORIZED USE OCCUR? (BUSINESS NAME AND ADDRESS)	WHEN DID THIS HAPPEN? BETWEEN THE FOLLOWING DAY/DATES/TIMES From:
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WHAT IS YOUR NAME? (LAST, FIRST MIDDLE)	To:
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DATE OF BIRTH? (MO/DAY/YR)	SOCIAL SECURITY #	DRIVER LICENSE OR ID#	PHONE NUMBERS? Home ()
WHAT IS YOUR ADDRESS? (STREET, CITY, STATE, ZIP) HOME:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	Work () Cell ()
BUSINESS:			

THE FOLLOWING ITEMS ARE ATTACHED:
 Bank Statements Credit Card Statements Checks (copy both sides) Credit Reports Affidavit of Forgery Related Correspondence
 Other (describe)

Financial Institution Name and Address	Contact Person:
	Phone Number:
	Alternate Name/Number:
	Account Number:

PC 530.8 WAIVER

I understand that in order to adequately investigate this case, it may be necessary for the Pasadena Police Department to request bank statements, credit reports, loan documents, etc. I hereby authorize the Pasadena Police Department to act as my agent concerning all 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 Pasadena Police Department upon their request.

I certify under penalty of perjury that the foregoing is true and accurate to the best of my knowledge	Signature (Sign in the presence of Police employee) X
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Field Verification of Victim Identity By: <input type="checkbox"/> CA Driver's License <input type="checkbox"/> CA Identification Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	Witness/Officer Signature/ID
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Copy of DL Attached <input type="checkbox"/> If not, complete Field Verification	Copy of SS Card Attached <input type="checkbox"/>	Financial Crime Leaflet Provided to victim <input type="checkbox"/>	Follow-up letter mailed: <input type="checkbox"/>
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Copies to: <input type="checkbox"/> Detectives (2)	Copies by:	Accepted by:	Date/Time Accepted:	Approved by:
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IDENTITY THEFT VICTIM'S FRAUDULENT ACCOUNT INFORMATION REQUEST

Made pursuant to California Financial Code 4002 and 22470, Civil Code 1748.95 and Penal Code 530.8

TO: _____ FAX _____

ACCOUNT NO.: _____ REFERENCE NO.: _____

FROM: _____

I am formally disputing an account that I have learned has been opened or applied for with you. I did not open or apply for this account and have not authorized anyone else to do so for me. You may consider this account to be fraudulent. Below is my identifying information. I have filed a report with my local police department and a copy is attached. Under California law, all credit grantors and utilities must provide information relating to fraudulent accounts opened or applied for in an identity theft victim's identity, including a copy of the application and a record of the charges associated with the account.

A copy of the relevant California law is enclosed. In most cases, the account information must be provided free of charge within 10 business days of your receipt of the police report and the victim's identifying information. The victim is generally permitted to authorize your release of the account information to a specified law enforcement officer. I am designating **Pasadena Police Department** and the detective listed below as additional recipients of all account information and documents. I authorize the release of all account documents and information to the law enforcement officer designated. I am requesting the following:

- Application Records or screen prints of Internet/phone applications
- Statements
- Payments/Charge Slips
- Investigator's Summary
- Delivery addresses
- Any other documents associated with the account
- All records of phone numbers used to activate the account or used to access the account

Name: _____ Social Security Number: _____

Address: _____

Phone: _____ Fax: _____

Employer: _____ Phone: _____

Designated Police Department: _____ Report No.: _____

Designated Investigator: _____

Signed: _____ Date: _____