FORGERY PACKET

TO WHOM IT MAY CONCERN:

This packet contains the forms necessary for you to file a FORGERY complaint with the Milwaukee Police Department under Wisconsin State Statute 943.38. Complete this packet only after you have been instructed to do so by a Milwaukee Police Department officer/investigator. ONLY complaints where the incident occurred WITHIN the City of Milwaukee and where YOU are the victim will be accepted. If your check was stolen and later forged at a bank or business, YOU ARE NOT THE VICTIM of the forgery; in most circumstances the bank or business will file this forgery complaint. In the event that your bank or financial institution does not credit your bank account, you can complete this forgery packet. Include with this packet, a copy of the denial letter from your bank or financial institution stating that you will suffer the financial loss.

It is important that all forms be complete, accurate and legible. The forms may be completed on-line and printed or downloaded, printed and completed by hand. All information must be printed except your signature.

Once the forms have been completed, contact the district in which you reside to file your complaint. Forgery packets will not be accepted either by mail or electronically.

For additional information regarding forgery or completing this packet, go to www.milwaukee.gov/police, click on the link on the left hand side of the page called “Information and Services” and then click on the Financial Crimes Unit.

NOTE: Forged documents should be placed inside a plastic or paper envelope.

Affidavits MUST be signed and notarized prior to appearing at the district station.
MILWAUKEE POLICE DEPARTMENT FORGERY WORKSHEET
You must fill out a separate worksheet for each document submitted

To file this complaint, you must provide all of the following:
1. The original forged check, sales draft or other document
2. The list of persons involved
3. The incident summary
4. The original affidavit

This is a: □ check / □ credit card / □ sales draft / □ money order / □ other: ___________

Reported for: ____________________________________ Telephone: (____) ___________

Address: ____________________________________) Business name

Business address, city, state, zip code

Reported by: ____________________________________ Telephone: (____) ___________

Your name Date of birth Occupation: ____________

Address: ____________________________________) Your home address, city, state zip code

ALL SPACES MUST BE FILLED IN

1. Date and time item was first presented: ______________________________
2. Address where item was presented: ______________________________
3. Name of person who accepted item: ______________________________
4. Home address of person who accepted item: ______________________________
5. Was a store check cashing card filled out? □ No □ Yes (If yes, attach card)
   If yes, name of person: __________________________________
7. Account holder: ____________________________________ Type of credit card: ___________
8. Card/check number: ______________________________ Amount $_____________________
9. Name of passer (suspect), if known: ______________________________
10. Address of passer (suspect): ______________________________
11. Suspect description: Race ______ Sex _____ Age _____ DOB _____ Build ________
    Height ______ Weight ______ Hair Color ______ Eye Color ______
    Other features: __________________________________
12. Type of identification used (include number): ______________________________
13. Can suspect be identified? □ No □ Yes By whom? ______________________________
14. Identifier’s address: ______________________________ Telephone: ________ DOB: ___________
15. Is a vehicle involved? □ No □ Yes Description and license: ______________________________
16. Surveillance or video photo taken? □ No □ Yes (If yes, include still photo and CD/DVD of video)
17. Was fingerprint taken? □ No □ Yes By whom? ______________________________
18. Was a theft (of check, card, etc.) complaint filed? □ No □ Yes If yes, MPD Incident Number: ___________

I understand that I agree to prosecute this matter regardless of any payment or restitution to
me or my business and that this complaint must be filed in person or by designee.

___________________________________________________ ____________________
Your signature Position/title Date
PERSONS INVOLVED

Supply the following information about everyone listed on the previous page, including, but not limited to: you – the person filling out the report; ALL witnesses; the person who accepted the check; the suspect; any accomplices; the account holder; any other persons having information concerning this offense. Provide all the information you can reasonably obtain and fill in all spaces if at all possible. If this page is not filled out the complaint will NOT be accepted. (Attach additional sheets as needed.)

Name: _______________________________  DOB: _______  Telephone: (     ) _________
Home address, city, state, zip code: ________________________________________________
Employer: _________________________________ Work telephone: (     ) _______________
Work address, city, state, zip code: ________________________________________________
How involved (owner, teller, cashier, suspect, etc.)? __________________________________

Name: _______________________________  DOB: _______  Telephone: (     ) _________
Home address, city, state, zip code: ________________________________________________
Employer: _________________________________ Work telephone: (     ) _______________
Work address, city, state, zip code: ________________________________________________
How involved (owner, teller, cashier, suspect, etc.)? __________________________________

Name: _______________________________  DOB: _______  Telephone: (     ) _________
Home address, city, state, zip code: ________________________________________________
Employer: _________________________________ Work telephone: (     ) _______________
Work address, city, state, zip code: ________________________________________________
How involved (owner, teller, cashier, suspect, etc.)? __________________________________

Name: _______________________________  DOB: _______  Telephone: (     ) _________
Home address, city, state, zip code: ________________________________________________
Employer: _________________________________ Work telephone: (     ) _______________
Work address, city, state, zip code: ________________________________________________
How involved (owner, teller, cashier, suspect, etc.)? __________________________________
INCIDENT SUMMARY

In this section, explain what occurred (type or legibly print) in chronological order, including who did what, who observed what, who heard what and what happened. Also include information documenting how you obtained information about what occurred, who the suspect is, etc.

Use as many sheets as necessary to provide this information. IF THIS PAGE IS NOT LEGIBLE, YOUR COMPLAINT WILL NOT BE ACCEPTED.
STATE OF WISCONSIN
COUNTY OF __________________________________:

I (we) am (are) ______________________ and reside at ______________________, in the city of ________________, state of ________________, phone number (____) ________________, being duly sworn, and under penalty of perjury (ss 946.31) or false swearing (ss 946.32) declare that my (our) account number is ____________________ from the financial institution ____________________, and that account is a □ checking / □ savings / □ equity / □ credit card / □ debit card account. I (we) further declare that I (we) did not □ make / □ endorse / □ deposit / □ authorize the □ check / □ draft / □ transaction, nor authorize any other person to do so, and the following incident(s) occurred:

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<th>CHECK DATE</th>
<th>TRANSACTION DATE</th>
<th>CHECK AMOUNT</th>
<th>CHECK NUMBER</th>
<th>ACCOUNT HOLDER NAME</th>
<th>NAME OF BANK</th>
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and that any □ signature / □ endorsement / □ authorization is a forgery. I (we) further swear / affirm that I (we) have received no benefit or proceeds directly or indirectly through the payment of said document or transaction, and that said instrument was □ lost / □ stolen on (date) _________________, in the following manner: ________________________________ in/at (location) ___________________. By affixing my (our) signature(s) to this document, I (we) agree to fully cooperate with all federal, state, county or municipal law enforcement agencies, and to appear and testify, as needed, in criminal court, and that failure to cooperate or testify as needed may be grounds for any financial institution to dishonor this affidavit. I (we) also authorize the release of any financial records on my accounts to the investigating law enforcement agency where necessary to further the investigation and that a true copy of this affidavit may be accepted by said institution(s) as a proper release form.

Signed ___________________________________________________________________

Signed ___________________________________________________________________

(Sign in presence of Notary)

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Subscribed and sworn before me this _____ day of ____________________, 20__

__________________________________________
Notary Public Signature
Commission expires: __________________________