

Classification 530.5 PC	BURBANK POLICE DEPARTMENT FINANCIAL CRIME REPORT	Incident #	Case #
-----------------------------------	---	------------	--------

INSTRUCTIONS

1. If the suspect is known, contact this Department by calling (818) 238-3000.
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: **Burbank Police Department, 200 N. Third Street, Burbank, CA 91502**
5. If you have questions, please contact the Detective Section at (818) 238-3277 or (818) 238-3278

FINANCIAL CRIME INVOLVES UNAUTHORIZED USE OF <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> IDENTITY (<input type="checkbox"/> NAME <input type="checkbox"/> SS# <input type="checkbox"/> DL/ID#)			
IF INITIALLY LOST OR STOLEN, WAS A POLICE REPORT MADE? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
WHAT IS YOUR NAME? (LAST, FIRST MIDDLE):		To:	
DATE OF BIRTH(MO/DAY/YR):	SOCIAL SECURITY #:	DRIVER LICENSE OR ID#:	PHONE NUMBERS: Home () Work () Cell ()
WHAT IS YOUR ADDRESS? (STREET, CITY, STATE, ZIP) HOME: BUSINESS:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	

PLEASE ATTACH THE FOLLOWING DOCUMENTS. PLACE A CHECK MARK NEXT TO THOSE THAT 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 Burbank Police Department to request bank statements, credit reports, loan documents, etc. I hereby authorize the Burbank 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 Burbank 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
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 _____	
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"/>
Witness/Officer Signature/ID:	
Follow-up letter mailed: <input type="checkbox"/>	
Copies to: <input type="checkbox"/> Detectives (2)	Copies by: _____ Accepted by: _____ Date/Time Accepted: _____ Approved by: _____

FINANCIAL CRIME REPORT.

Case Number: _____

Provide a Clear and Concise Statement of the Facts surrounding the crime:

I certify under penalty of perjury that the foregoing is true and accurate to the best of my knowledge

Signature

X