



FORGERY REPORT PACKET
PFLUGERVILLE POLICE DEPARTMENT
 1611 E. PFENNIG LN., P.O. BOX 679
 PFLUGERVILLE, TEXAS 78691-0679



INSTRUCTIONS

1. Complete the attached Incident Summary Form
2. If applicable, each witness will need to complete the Forgery Witness Form in its entirety.
3. Ensure that the attached Forgery Affidavit is completely filled out and notarized.
4. **DO NOT SUBMIT THIS FORGERY REPORT PACKET UNTIL ALL WITNESS FORMS ARE COMPLETED.**
5. **LOCAL CITIZENS** – Once your packet is completed, call the police department (512-990-6700, option 0) to have an officer dispatched to your location and file the report, or stop by Pflugerville Justice Center located at 1611 E. Pfennig Ln to speak with an officer and obtain a report number.
6. **OUT OF STATE ONLY** - Mail this cover sheet, the completed Incident Summary Form, all completed Forgery Witness Forms and the Forgery Affidavit to:

PFLUGERVILLE POLICE DEPARTMENT
 ATTN: CID – FORGERY REPORT
 P.O. BOX 679
 PFLUGERVILLE, TX 78691-0679

NOTE: This packet will be reviewed for completeness prior to being assigned to a Detective. Please ensure that the Incident Summary Form and All Forgery Witness Forms are completed.

IMPORTANT: Failure to provide all requested information might result in time delays that could be detrimental to the successful prosecution of this case.

COMPLAINANT INFORMATION

DATE: _____ SOCIAL SECURITY NO.: _____

FULL NAME: _____ MAIDEN NAME: _____

DOB: _____ DRIVER'S LICENSE OR ID CARD NUMBER: _____ STATE: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ E-MAIL: _____

FORGERY AFFIDAVIT

On this the _____ day of _____, 20_____, Personally appeared before me the undersigned authority, one: _____ who after being duly sworn by me, deposes and says:

I have personally inspected the below described check, which purports to bear my name. I hereby certify that I did not write this check, I did not give this check to anyone, I did not authorize any other person to write this check in my name, and further that I did not benefit from the making of this check. I declare this check to be fraudulent and a forgery.

Bank Name: _____
Account Holder: _____
Account Number: _____
Check Number: _____
Payee: _____
Amount: _____

Printed Full Name: _____
Address: _____ Telephone Number: _____
Signature: _____

Sworn to and signed before me, on this the _____ day of _____
in and for _____ county, in the state of _____.

NOTARY SEAL

Signature of Notary Public: _____
Printed Name of Notary Public: _____
My Commission Expires: _____