Helotes Police Department CID Office Hours: 8am-5pm (Mon-Fri)

12951 Bandera Rd. Helotes, TX 78023 For further assistance call (210) 695-2500

Credit/Debit Card Abuse Supplemental Form Form must be completed by Cardholder

HI	PD Case #: (HPD case number required prior to su	(HPD case number required prior to submitting)				
	Reports can be made by phone	or in person.				
Su	bmitted For : (Name on card used)					
	ace Sex Date of Birth					
Ho	Home Address: Home Phone: Business Address: Business Phone:					
Bu						
		Cell Phone:				
Fo	orm filled out by:	Position:				
NO	*OTE: *Questions 1 through 4 must be answered. *Only credit card charges made in the City of H *If additional space is needed, use the back of t *A full statement for the prior 90 days must be alter the statement or black out any information	he form and identify by number. submitted with form. Do not edit/				
1.	Name as it appears on card: Card Issuer (Bank, Credit Union): Card Number: Name of additional authorized signers or joint persons:	Type(Visa, MC, Amex):				
	Names of anyone who has had possession of your card:					
2.	Date and Location card was lost or stolen	ouse report? if yes,				
3.	Has the account holder declared there are unauthorized cha	• , ,				
	Have the charges to your card been reimbursed by your bar	, , ,				
	Have you been told by your bank the charges will be reimb					
	Were you in possession of your card when charges were m	* /				
	Was a PIN used?	YES () NO ()				
	How did suspect know the PIN?					

4.	Where was the credit card used fraudulently?			
	Name of Business		_ Date:	Amount:
	Address:	_ Person who accep	oted charges:	
	Name of Business		_ Date:	Amount:
	Address:	_ Person who accep	oted charges:	
	Name of Business		_ Date:	Amount:
	Address:	_ Person who accep	oted charges:	
	Name of Business		_ Date:	Amount:
	Address:	_ Person who accep	oted charges:	
5.	Other Witnesses:			
	Name:	Phone: (Home)	(C	ell)
	Name:	Phone: (Home)	(C	ell)
	Name:	Phone: (Home)	(C	ell)
6.	you know the suspect who is using your card fraudulently? () YES () No w do you know the suspect?			
	Where can the suspect be found?			
	Name/Description of suspect:			
	RaceSexAge	_HgtWt	Ha	ir Color
	Was a photo or video taken: YES ()	NO ()		
	If video is available, name of person you spoke	with and phone nur	nber:	

Attach account statements for each account used (prior 90 days, unedited and nothing blacked out). Legible Copies of account statements and any supporting documentation are required. Please provide a copy of any reports made outside of the city of Helotes associated with this case.

KEEP COPIES OF EVERYTHING FOR YOUR RECORDS

Mail, Fax or bring to:
Helotes Police Department
12951 Bandera Rd.
Helotes, TX 78023

FAX: (210) 695-1816

CARDHOLDER AFFIDAVIT

My name is	. My date of birth is				
I live at	HPD Case #				
This affidavit is made voluntarily for the purpose of establishing that I did not use, nor did I authorize anyone else to use my debit/credit card in the name of					
CIRCLE ONE	NAME AS IT APPEARS ON CARD				
numbered	, from bank, BANK ISSUING CARD				
on the date(s) of	for the purchase of merchandise.				
on the date(s) of for the purchase of merchandise. DATES USED OR WRITE BELOW FOR MULTIPLE DATES I have not received any of the proceeds nor derived any benefit from the said fraudulent charge(s). If multiple cards were used, list the required information below.					
In your own words, tell us what happe	ned. Please give specific dates, times and locations.				
I HAVE READ THE ABOVE STATEMENT AN TESTIFY AS A WITNESS IF I AM NEEDED.	ND IT IS TRUE AND CORRECT. I WILL APPEAR IN COURT TO				
	Signature				
Sworn to and subscribed before me this _	, A.D., 20				
SEAL					
	Notary Public				
	NOTAL Y PUDITC				

(Statement Information Supplement must be included with this statement)

Helotes Police Department Statement Information Supplement

Note: This information is strictly confidential and only for Police and District Attorney's official records.

Name: (Last, First, Middle)		
Home Address: (number, street, city,	zip)	
Business Address: (number, street,	city, zip)	
Home Phone:	_ Work Phone:	Cell Phone:
Race: SEX:	_ AGE: DOE	3:
Married YES: NO:	Name of Spouse:	
Drivers License # (state & number)_		
NEAREST RELATIVE OTHER T	HAN SPOUSE:	
Name:	Phone:	
Address:	City:	State:
Place of Employment:	Phone:	