

# 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

HPD Case #: \_\_\_\_\_ (HPD case number required prior to submitting)

**Reports can be made by phone or in person.**

Submitted For : (Name on card used) \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Form filled out by: \_\_\_\_\_ Position: \_\_\_\_\_

**NOTE:**    **\*Questions 1 through 4 must be answered.**  
              **\*Only credit card charges made in the City of Helotes will be accepted.**  
              **\*If additional space is needed, use the back of the form and identify by number.**  
              **\*A full statement for the prior 90 days must be submitted with form. Do not edit/  
              alter the statement or black out any information.**

1. Name as it appears on card: \_\_\_\_\_  
Card Issuer (Bank, Credit Union): \_\_\_\_\_  
Card Number: \_\_\_\_\_ Type(Visa, MC, Amex): \_\_\_\_\_  
Name of additional authorized signers or joint persons: \_\_\_\_\_  
Names of anyone who has had possession of your card: \_\_\_\_\_
2. Date and Location card was lost or stolen \_\_\_\_\_  
Have you already made a ID Theft or Credit/ Debit card abuse report? \_\_\_\_\_ if yes,  
Submit a copy of the report. Case number and jurisdiction?: \_\_\_\_\_
3. Has the account holder declared there are unauthorized charges?    YES ( )    NO ( )  
Have the charges to your card been reimbursed by your bank?    YES ( )    NO ( )  
Have you been told by your bank the charges will be reimbursed?    YES ( )    NO ( )  
Were you in possession of your card when charges were made?    YES ( )    NO ( )  
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 accepted charges: \_\_\_\_\_  
 Name of Business \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Address: \_\_\_\_\_ Person who accepted charges: \_\_\_\_\_  
 Name of Business \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Address: \_\_\_\_\_ Person who accepted charges: \_\_\_\_\_  
 Name of Business \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Address: \_\_\_\_\_ Person who accepted charges: \_\_\_\_\_

5. Other Witnesses:

Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

6. Do you know the suspect who is using your card fraudulently? ( ) YES ( ) No

How do you know the suspect? \_\_\_\_\_  
 Where can the suspect be found? \_\_\_\_\_  
 Name/Description of suspect:  
 Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Hgt \_\_\_\_\_ Wt \_\_\_\_\_ Hair Color \_\_\_\_\_  
 Was a photo or video taken: YES ( ) NO ( )  
 If video is available, name of person you spoke with and phone number: \_\_\_\_\_

**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**



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**Helotes Police Department**  
Statement Information Supplement

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**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:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Married YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_ **Name of Spouse:** \_\_\_\_\_

**Drivers License #** (state & number) \_\_\_\_\_

**NEAREST RELATIVE OTHER THAN SPOUSE:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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