

Helotes Police Department
CID Office Hours: 8am-5pm (Mon-Fri)
12951 Bandera Road, Helotes, TX 78023
For further assistance call (210) 695-2500

Forged Check Supplemental Form

Form must be completed by the Account Holder or Purchaser of Money Order

Helotes Police Dept Case #: _____

Submitted By : (Person completing form) _____

Address: _____ Hm Phone: _____ Cell Phone: _____

Date form completed: _____

NOTE: *This form must be completed for a Forgery investigation.
 *If additional space is needed, use the back of the form and identify by number.
 *Only checks passed in the City of Helotes will be accepted.

1. Address where check was accepted: _____
Name of person who accepted check: _____
Date check accepted: _____ Time accepted: _____
Was a photo or video taken: YES () NO ()
Contact Person for video/photos: _____ Phone: _____
2. Name of Suspect: _____
Race _____ Sex _____ Age _____ Hgt _____ Wt _____ Hair Color _____
How do you know the Suspect? _____
3. Other Witnesses:
Name: _____ Phone: (Home) _____ (Bus.) _____
Name: _____ Phone: (Home) _____ (Bus.) _____

**STAPLE ORIGINAL OR BANK FURNISHED CHECK HERE (front and back).
KEEP A COPY FOR YOUR RECORDS**

Mail, Fax or Deliver To:
Helotes Police Department
12951 Bandera Road
Helotes, TX 78023

Fax: (210) 695-1816

ACCOUNT HOLDER STATEMENT/AFFIDAVIT

STATE OF _____ §
COUNTY OF _____ §

My Name is _____. My date of birth is _____. My address is _____.
HPD Case # _____.

I am the person named as ACCOUNT HOLDER () or PAYEE () or ENDORSER () on the following checks/money orders:

Check #	Amount	Account Holder	Payee	Financial Institution
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I state that the above listed check(s) is a forgery. I have not received any of the proceeds of said check(s) nor derived any benefit from the said check(s). I request prosecution and will appear as a witness in this case. I wish to state the following:

Signature _____

Sworn to and subscribed before me this _____ day of _____, A.D., 20__.

SEAL

Notary Public

(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:** _____ **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:** _____
