

# Iron County Sheriff's Office, Fraud Investigation.

Rev 8-2020

**Victims Work Sheet:** please return the completed form in person, or /scan and email to [nhouchen@ironcounty.net](mailto:nhouchen@ironcounty.net) or [tbyrd@ironcounty.net](mailto:tbyrd@ironcounty.net) or [jthomas@ironcounty.net](mailto:jthomas@ironcounty.net) fax to 435-867-7539 with cover sheet address to Investigations.

## **THINGS YOU NEED TO KNOW:**

As part of our investigation, we request you provide us with the following information related directly to the fraudulent activity you are now reporting. This information will assist us with our investigation, and the prosecution of suspect(s). If we have not received the requested information **within 15 days from the date your report is made to our office**, we will be unable to complete our investigation, and your case may be closed.

If there are circumstances related to this fraudulent activity which are beyond your immediate control, please explain below, otherwise provide all documentation as it applies to your case.

Reason(s) for not providing the requested information:

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**CASE # requests – VICTIM must make a request to the investigations Sergeant**

Voluntary Witness Statement (provided to you by deputy)

### **Contact Information:**

- 1- Your Name: \_\_\_\_\_ Business name: \_\_\_\_\_
- 2- Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ mmddyyyy
- 3- Personal address: \_\_\_\_\_ Business address: \_\_\_\_\_  
Secondary address: \_\_\_\_\_
- 4- Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_
- 5- Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ SSN#: \_\_\_\_\_
- 6- Email address: \_\_\_\_\_ Business website: \_\_\_\_\_

### **Banking /Debit/Credit card information:**

- 1- Name: \_\_\_\_\_ Address: \_\_\_\_\_
- 2- Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_
- 3- Internet/Web address: \_\_\_\_\_
- 4- Name of person handling your account: \_\_\_\_\_ Extension #: \_\_\_\_\_
- 5- Account#: \_\_\_\_\_ Routing#: \_\_\_\_\_  
Debit/Credit card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp date: \_\_\_\_\_
- 6- Security Code#: \_\_\_\_\_
- 7- The name as it appears on the account/card: \_\_\_\_\_
- 8- Secondary account/card holders name if any: \_\_\_\_\_
- 9- Person responsible for payment on account: \_\_\_\_\_

- A copy of the Affidavit you filed with your Bank / Credit Card company
- A copy of your Bank /Credit card statements which reflects the fraudulent activity
- Any returned paper checks in their original form if possible. (check washing type fraud)

**☐ Fraudulent Activity:**

- 1- The date you first discovered the fraudulent activity and how it was discovered: \_\_\_\_\_
- 2- The date you reported this activity to your Bank/Credit Card Company: \_\_\_\_\_
- 3- The date you cancelled /changed this account #: \_\_\_\_\_
- 5- Do you know the person who committed this fraud? \_\_\_\_\_
- 6- Have you authorized anyone to use this card /account#? If so, please explain: \_\_\_\_\_
- 6- Do you recognize any names, phone numbers, address, cities, states, or any other identifiers associated with this fraudulent activity? If yes, please explain: \_\_\_\_\_

My Credit Card was: Lost Stolen Account # used Card still in possession Never received in the mail  
Never applied for card. Other, please explain: \_\_\_\_\_

**Fraudulent Transactions:**

_____	\$ _____	_____
Date	Amount	Merchant Information
_____	\$ _____	_____
Date	Amount	Merchant Information
_____	\$ _____	_____
Date	Amount	Merchant Information
_____	\$ _____	_____
Date	Amount	Merchant Information
_____	\$ _____	_____
Date	Amount	Merchant Information
_____	\$ _____	_____
Date	Amount	Merchant Information
_____	\$ _____	_____
Date	Amount	Merchant Information
_____	\$ _____	_____
Date	Amount	Merchant Information

To the best of my knowledge, the information provided to the Iron County Sheriff's Office is true, accurate, and correct. I will notify the Iron County Sheriff's Office if any new developments arise to aid in this investigation.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

If there are any questions, please call 435-867-7500.