



FRAUD AFFIDAVIT

The Kechi Police Department has developed this Fraud Affidavit in order to help properly document criminal offenses of Fraudulent Use of Identifying Information (Identity Theft), Credit Card Abuse and Forgery. This form will assist investigators in the collection of useful information that will be necessary in order to properly investigate alleged fraud offenses. The instructions for completing this affidavit are included below. If you have any questions regarding your report or the filing of this affidavit, please contact the Kechi Police Department at (316) 744-6611.

INSTRUCTIONS FOR COMPLETING THE KECHI POLICE DEPARTMENT FRAUD AFFIDAVIT

1. Answer all questions and fill in all blanks on the Fraud Affidavit. If information does not exist for a question or answer field on the form, please designate this by writing "NA".
2. Include as much information as possible in regard to accounts opened or information used fraudulently, and attach supporting documentation (e.g. forgery affidavits, copy of forged checks, copy of bank statements, copy of credit card statements, etc.) to the Fraud Affidavit. You must provide documentation showing that your information was used.
3. Sign the bottom of each page (and each additional page you may add) of the Fraud Affidavit and include the Kechi Police Department Case # on the top right-hand corner of each page. If you make a correction, sign your initials next to it.
4. On the last page of the Fraud Affidavit, sign your name in the presence of a Notary Public. Affidavits that are not signed will not be accepted by the police department. Please note that police officers are not authorized Notary Publics.
5. Return the signed and completed Fraud Affidavits to the Kechi Police Department, located at 105 N. Sioux, Kechi, KS, 67067. Fraud Affidavits may be returned in person or by postal service. Reports filed with the Kechi Police Department that do not have a Fraud Affidavit submitted within 14 days of the initial report will not be assigned to an investigator nor will it be investigated.

Please Note: Your case can not be investigated without this Fraud Affidavit.



Victim Information

My full legal name is _____
(First) (Middle) (Last) (Jr., Sr., III)

My date of birth is _____
(Month/Day/Year)

My social security number is _____ - _____ - _____

My driver's license number or state ID number is _____
State Number

My current address is _____
Number & Street Name Apt, Suite, etc.

City _____ State _____ Zip _____

I have lived at this address since _____
(Month/Year)

My daytime telephone number is (____) _____

My evening telephone number is (____) _____

My e-mail address is _____

Information at time of the Fraud (if different from above) my full legal name was:

(First) (Middle) (Last) (Jr., Sr., III)

My address was: _____
Number & Street Name Apt, Suite, etc.

City _____ State _____ Zip _____

My daytime phone was: (____) _____ My evening phone was: (____) _____

Signature _____



Offense Information

Check all that apply:

- I did OR did not (check one) authorize anyone to use my name or personal information to seek the money, credit, loans, goods, or services, or for any other purpose described in this report.
- I did OR did not (check one) receive any benefit, money, goods, or services as a result of the events described in this report.
- My identification documents (e.g. credit cards, birth certificate, driver’s license, identification card, social security card, etc.) were stolen lost on or about _____.
(Month/Day/Year)
- I am OR am not (check one) will to work with law enforcement if charges are brought against the person(s) who committed the fraud.
- I believe the following person(s) used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud without my knowledge or authorization:

Name: _____
First
Middle
Last
Suffix

Address: _____
Number & Street Name
Apt, Suite, etc.

City
State
Zip Code

Phone Number(s): (____) _____ (____) _____

Additional information about this person: _____

Signature _____

I do OR do not (check one) know who used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud without my knowledge or authorization.

Additional information about the crime (what happened, how/when information was obtained, how/when it was discovered, etc.):

List of fraud committed using your personal information (Attach another page if necessary):

Account Type: Credit Debit Bank Phone/Utilities Loan Government Benefits
 Internet or Email Other _____

 Name of Institution Contact Person Phone Ext

 Account Number Routing Number Affected Check Number(s)

 Date Opened or Misused (mm/yyyy) Date Discovered (mm/yyyy) Total Amount Obtained (\$)

Select One: This account was opened fraudulently
 This was an existing account that someone tampered with.

 Account Type: Credit Debit Bank Phone/Utilities Loan Government Benefits
 Internet or Email Other _____

 Name of Institution Contact Person Phone Ext

 Account Number Routing Number Affected Check Number(s)

 Date Opened or Misused (mm/yyyy) Date Discovered (mm/yyyy) Total Amount Obtained (\$)

Select One: This account was opened fraudulently
 This was an existing account that someone tampered with.

Signature _____



Victim's Law Enforcement Action

- I am OR am not (check one) willing to assist in the prosecution of the offender(s).
- I am OR am not (check one) authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the offender(s) who committed this offense.
- I have OR have not (check one) reported the events described in this affidavit to another law enforcement agency. The law enforcement agency did OR did not (check one) write a report.

In the event that you have contacted another law enforcement agency, please complete the following information:

Law Enforcement Agency #1

Report Number

Date of Report

Reporting Officer

Phone Number

Email Address (if applicable)

Law Enforcement Agency #2

Report Number

Date of Report

Reporting Officer

Phone Number

Email Address (if applicable)

- I did OR did not receive a copy of the report from the Law Enforcement Agency listed.

Signature _____



**Fraud Affidavit
Signature & Notarization**

I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct and complete and made in good faith. I understand that this complain or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

Signature

Date Signed (mm/dd/yyyy)

SWORN TO AND SUBSCRIBED before me on the ____ day of _____, 20 ____.

NOTARY PUBLIC
OF AND FOR THE STATE OF KANSAS

Signature _____