

**Williamson County Sheriff's Office**  
**Financial Crimes**  
508 S. Rock St.  
Georgetown, TX 78626  
512-943-1300 Office  
512-943-3281 Fax

**Credit/Debit Card Abuse Form**

Form must be completed by Cardholder

Williamson County Sheriff's Office Case # \_\_\_\_\_ (Required before submitting)

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 Williamson County will be accepted.**
- \* **If additional space is needed, use the back of the form.**
- \* **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 Credit/Debit card abuse report? Y / N If yes, case number and jurisdiction: \_\_\_\_\_

3. Has the account holder declared there are unauthorized charges? Y / N

Have the charges to your card been reimbursed by your bank? Y / N

Have you been told by your bank that the charges will be reimbursed? Y / N

Were you in possession of your card when charges were made? Y / N

Was a PIN used? Y / N

How did the 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) \_\_\_\_\_ Phone: (Cell) \_\_\_\_\_

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

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

6. Do you know the suspect who is using your card fraudulently? Y / N

How do you know the suspect? \_\_\_\_\_

Where can the suspect be found? \_\_\_\_\_

Name/Description of the suspect:

Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Was a photo or video taken? Y / N

If video is available, name of person you spoke to 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 Williamson County associated with this case.**

**KEEP COPIES OF EVERYTHING FOR YOUR RECORDS.**



**Williamson County Sheriff's Office**  
**Statement Information Supplement**

Note: *This information is strictly confidential and only for Law Enforcement 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: \_\_\_\_\_