

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

**Forged Check Form – Acceptor**

Form must be completed by BUSINESS ACCEPTING CHECK OR MONEY ORDER

Williamson County Sheriff's Office Case # \_\_\_\_\_  
Submitted for: (Business name) \_\_\_\_\_  
Submitted by: (Person completing form) \_\_\_\_\_  
Business Address: \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date form completed: \_\_\_\_\_

NOTE:           \* Questions 1 through 4 must be answered.  
                  This form must accompany EACH check submitted for investigation.  
                  If additional space is needed, use the back of the form and identify by number.  
                  Only checks passed in Williamson County can be accepted.

- \* 1. Account Name on Check: \_\_\_\_\_ Check Number: \_\_\_\_\_
- \* 2. Has the account holder declared the check a forgery?   Y / N
- \* 3. If yes, how was it determined? \_\_\_\_\_
- \* 4. Can the check acceptor identify the person who passed the check?   Y / N
- 5. Other witnesses:  
Name \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Name \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
- 6. Name/Description of Suspect: \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Hight \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_
- 7. Description of suspect vehicle:  
Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

**\*\*\* If videos or photos are available, submit copies with video/photo affidavit.**

STAPLE ORIGINAL OR BANK FURNISHED CHECK HERE. KEEP A COPY FOR YOUR RECORDS.

Mail to address listed above.

**VIDEO/PHOTO EVIDENCE AFFIDAVIT**

**STATE OF TEXAS**  
**COUNTY OF WILLIAMSON**

My name is \_\_\_\_\_. I am an authorized custodian of records for \_\_\_\_\_.

I am of sound mind, capable of making this affidavit, and personally acquainted with the facts of this case. I have supplied photographs which correspond to the date and time of the offense as it occurred at our business. All photographs and video are recorded and kept during the regular course of business. All photographs submitted are true and accurate depictions of the scene as it occurred that date and time. This is based on my personal knowledge, acquired while investigating this offense as part of my duties as a custodian of records. The photographs are originals or exact duplicates obtained from original video taken on the date and time listed in each photograph.

I am submitting the following items:

Signature \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

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

Driver's License: (state & number) \_\_\_\_\_

Nearest Relative Other Than Spouse:

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

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

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