

Criminal Code	Layton Police Department Financial Crime Statement						Incident #:						
Instructions													
1. If the suspect is known, contact this department by calling (801) 497-8300. 2. Please provide copies of bank statements, credit card statements, checks (both sides), credit reports (Equifax, Experian, Trans Union), affidavits of forgery and any related correspondence. 3. Include originals or copies of all available documents at the time of your initial report. 4. After completing the form and gathering the required documents, bring them to the police department. Sign the form and the Waiver in the presence of a police department employee. Be prepared to show proper identification. We are located at: 429 North Wasatch Drive Layton, UT 84041 5. If you have questions, contact the police department by calling (801) 497-8300.													
Financial crime involves unauthorized use of	<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Identity	<input type="checkbox"/>	Name	<input type="checkbox"/>	SS#	<input type="checkbox"/>	DL/ID#	<input type="checkbox"/>
If initially lost or stolen, was a police report made?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, which law enforcement agency took the report:							Case Number						
Investigating Officer							Phone #						
Where did the unauthorized use occur? (Business name and address)						When did this happen? Between the following days/dates/times. From: To:							
What is your name? (Last, First, Middle)						Phone number(s)? Home: () Work: () Cell: ()							
Date of Birth? (Mo/Day/Year)		Social Security #		Driver's License or ID#		<input type="checkbox"/>		Male	Race		<input type="checkbox"/>		
						<input type="checkbox"/>		Female					
What is your address? (Street, City, State, Zip)		Home:			Business:								
The following items are attached :													
<input type="checkbox"/>	Bank Statements	<input type="checkbox"/>	Credit Card Statements	<input type="checkbox"/>	Checks (copy both sides)	<input type="checkbox"/>	Credit Reports	<input type="checkbox"/>	Affidavit of Forgery	<input type="checkbox"/>	Related Correspondence		
<input type="checkbox"/>	Other(describe)												
Financial Institution Name and Address:						Contact Person:							
						Phone Number:							
						Alternate Name/Number:							
						Account Number:							
						Bank Card Number:							
Consent to Access Account Information													
I hereby authorize the Layton Police Department to act as my agent concerning matters related to this case or any associated financial crime. I request that any business, agency or person with information or documents concerning this case, provide that information to the Layton Police Department upon their request.													
I certify that the foregoing is true and accurate to the best of my knowledge.		Signature (Sign in the presence of a police officer)					Officer Signature/ID Number						
		x					x						
Verification of Victim ID by:		<input type="checkbox"/>	UT DL	<input type="checkbox"/>	UT ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Other				
Copy of DL Attached		Copy of SSAN Card Attached											

