## Grapevine Police Department 307 W. Dallas Rd. Grapevine, Texas 76051 817-410-3200



THE STATE OF TEXAS	}	· · · · · · · · · · · · · · · · · · ·	
COUNTY OF TARRANT	}		
CITY OF GRAPEVINE	}		Report #

- 1. You are being asked to complete this affidavit because you have reported that you have been the victim of Credit/Debit Card Abuse. Credit/Debit Card Abuse includes unauthorized transactions on your debit or credit card or transactions occurring on debit or credit cards linked to accounts that were opened using your personal identifying information without your consent.
- 2. IF YOU HAVE NOT DONE SO PLEASE IMMEDIATELY CANCEL THE CREDIT OR DEBIT CARD THAT WAS USED FRADULENTLY.
- 3. It is very important that you provide as much of the requested information as possible on this form. This form is required by the Tarrant County District Attorney's office before they will accept any case involving credit or debit credit fraud. It will also be used by the investigator assigned to your case in order to gather information.
- 4. When contacting your bank it is important to understand that there are two different dates associated with each transaction. There is the transaction date; the date that the transactions occurred, and the postdate; the date transaction is posted to your account. For the purpose of investigating your case we need the <u>actual date the transaction occurred</u> and <u>the transaction time</u> for each transaction. Please also provide the <u>exact dollar amount</u> of each transaction, the <u>store name and number</u>, and the <u>city and state where the store is located</u>.
- 5. The information requested on this form is time sensitive. A big component of prosecuting these cases is acquiring video of these offenses to use in identifying the suspect. While many locations store video for up to 30 days, some locations retain it for as few as 5 days. Please gather the information and return it to the police department as soon as possible.
- **6.** If your card was <u>lost or stolen</u> please provide a <u>print out of your debit or credit statement showing the fraudulent charges</u>. If your card is <u>still in your possession</u> and only the card number was compromised, please provide your statement showing the transactions for the month the card was compromised.
- 7. Once this form is completed please contact the Grapevine Police Department at 817.410.8127. To have an officer dispatched to take a report from you. Or you can come by the police department located at 307 W. Dallas Road and meet with an officer. Investigators will use this information to work with banks and credit card companies to attempt to determine where and when your number was obtained.
- **8.** If you have any questions about how to complete this form please contact the Criminal Investigation Division, M-F between 8am-5pm, at 817-410-3200.

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THE STATE OF TEXAS	}	
COUNTY OF TARRANT	}	
CITY OF GRAPEVINE	1	Report #

## **Debit/Credit Card Abuse Affidavit**

My name is _	JAMES SMITH	<u> </u>	and I live at	
<u>100 S</u>	MAIN STREET	in _	GRAPEVINE, Texas.	
I can be cont	acted via phone @ <b>81</b> ?	<u>7.410.</u>	3200	
I hereby swear and affirm that I did not give my permission for anyone to use my				
CHASE VI	SA DEBIT CARD displaying	ng card #	<u>9999-9999-9999</u>	

I hereby swear and affirm that the following transactions were made without my knowledge or consent and that I received no benefit from these transactions.

Date	Time	Location (store #)	City	Amount
01/28/2016	10:13 AM	Walmart 1601 W SH 114	Grapevine	\$1539.00

	04/01/1969	_04/01/2016_
Signature	Date of Birth	Date

## **Grapevine Police Department** 307 W. Dallas Rd.



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THE STA	ATE OF TEXAS	}	311 410 0230		
COUNT	Y OF TARRANT	}			
CITY OF	GRAPEVINE	}		Report #	
		D	Debit/Credit Card Ab	use Affidavit	
My nar	me is		ar	nd I live at	
			in	Texas .	
I can b	e contacted v	ria phone <b>(</b>	<u></u>		
I hereb	y swear and a	affirm that	I did not give my permission displaying card # the following transactions we benefit from these transactions	ere made without my	
ate	Time		Location (store #)		Amount
	1		200ddon (Store II)	Sit,	7.111041110

Signature

Date of Birth

Date