



**FORGERY REPORT PACKET**  
**PFLUGERVILLE POLICE DEPARTMENT**  
 1611 E. PFENNIG LN., P.O. BOX 679  
 PFLUGERVILLE, TEXAS 78691-0679



**INSTRUCTIONS**

1. Complete the attached Incident Summary Form
2. If applicable, each witness will need to complete the Forgery Witness Form in its entirety.
3. Ensure that the attached Forgery Affidavit is completely filled out and notarized.
4. **DO NOT SUBMIT THIS FORGERY REPORT PACKET UNTIL ALL WITNESS FORMS ARE COMPLETED.**
5. **LOCAL CITIZENS** – Once your packet is completed, call the police department (512-251-4004, option 0) to have an officer dispatched to your location and file the report, or stop by Pflugerville Justice Center located at 1611 E. Pfennig Ln to speak with an officer and obtain a report number.
6. **OUT OF STATE ONLY** - Mail this cover sheet, the completed Incident Summary Form, all completed Forgery Witness Forms and the Forgery Affidavit to:

PFLUGERVILLE POLICE DEPARTMENT  
 ATTN: CID – FORGERY REPORT  
 P.O. BOX 679  
 PFLUGERVILLE, TX 78691-0679

**NOTE:** This packet will be reviewed for completeness prior to being assigned to a Detective. Please ensure that the Incident Summary Form and All Forgery Witness Forms are completed.

**IMPORTANT: Failure to provide all requested information might result in time delays that could be detrimental to the successful prosecution of this case.**

**COMPLAINANT INFORMATION**

DATE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
 FULL NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DRIVER'S LICENSE OR ID CARD NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_





# FORGERY AFFIDAVIT

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, Personally appeared before me the undersigned authority, one: \_\_\_\_\_ who after being duly sworn by me, deposes and says:

I have personally inspected the below described check, which purports to bear my name. I hereby certify that I did not write this check, I did not give this check to anyone, I did not authorize any other person to write this check in my name, and further that I did not benefit from the making of this check. I declare this check to be fraudulent and a forgery.

Bank Name: \_\_\_\_\_  
Account Holder: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Payee: \_\_\_\_\_  
Amount: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_  
in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

NOTARY SEAL

Signature of Notary Public: \_\_\_\_\_  
Printed Name of Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_