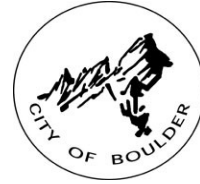




## BOULDER POLICE DEPARTMENT



### Embezzlement Packet

***\*\* Use this packet when an employee is accused of stealing funds from their employer. There are two separate packets. One contains the instructions on how to complete the packet, as well as samples of all the forms. The second contains the blank forms which the needs victim to complete. \*\****

# Boulder Police Department

1805 33<sup>rd</sup> Street  
Boulder, CO 80301

## AUTHORIZATION FOR DISCLOSURE OF FINANCIAL ACCOUNT INFORMATION

I authorize \_\_\_\_\_  
(name/address of account holder) to release the financial information of the individual named below:

Account Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Account/Credit/Debit Card Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact Person: \_\_\_\_\_

I authorize the information to be disclosed and discussed with the Boulder Police Department and the 20<sup>th</sup> Judicial District.

The type and amount of information to be disclosed is as follows:

Entire bank record from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Entire credit card statement from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Copy of signature card or similar type document showing the account holder(s) signature.

I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, one year from the date of signing or on the date I become an adult according to the state law, whichever is earlier. I understand that I may revoke this authorization at any time except to the extent that action has been based on this authorization. I understand that the revocation must be in writing and presented to the provider named above. I understand that my authorization is not needed under some conditions as previously explained pursuant to a notice received from the provider named above and any revocation in writing of this authorization does not affect the ability of the provider named above to disclose information otherwise allowed by law. I understand that I have a right to a copy of this authorization.

I understand that authorization for the disclosure of this financial information is voluntary and I can refuse to sign this authorization. I understand that any disclosure of information carries with it the potential for redisclosure and the information may not be protected by federal law or regulations.

\_\_\_\_\_  
Signature of Account Holder or Authorized Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Relationship

\_\_\_\_\_  
Date

# Boulder Police Department

1805 33<sup>rd</sup> Street  
Boulder, CO 80301

## FRAUD REPORTING FORM

**\* Complete one form for EACH credit/debit card fraudulently used.**

Type of transaction device fraudulently used: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Financial/ Checking Account	Was the debit / credit card: <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Still in your possession			
Was a police report filed at the time of the theft or loss of the credit / debit card? <input type="checkbox"/> No <input type="checkbox"/> Yes      If Yes, agency name _____ Case/Report # _____				
<b>Card Information:</b>  <input type="checkbox"/> Debit Card      Debit Card Account # _____ Expiration Date: _____ Associated check account # _____ Bank: _____ Branch Location: _____ Name as it appears on the card: _____  <input type="checkbox"/> Credit Card      Credit Card Account # _____ Expiration Date: _____ Name as it appears on the card: _____  <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other _____				
<b>Type of Fraud:</b>  <input type="checkbox"/> Unauthorized Use <input type="checkbox"/> Forgery <input type="checkbox"/> Embezzlement <input type="checkbox"/> Identity Theft <input type="checkbox"/> Unauthorized Account/Card <input type="checkbox"/> Internet Fraud <input type="checkbox"/> Other _____				
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Did you report this to your bank? <input type="checkbox"/> Yes      Contact Name: _____ Contact Phone: _____ <input type="checkbox"/> No				

---

**Insurance or Bank Reimbursement Sheet**

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\_\_\_\_ of \_\_\_\_ :

Company Name:		Claim Number:	
Contact:			
Mailing Address:			
Phone Number:		Other Phone Number:	
Position/Title:		Date of Claim:	
Date Paid:		Amount Paid out:	
Other Information:			

***Attached Records:***

Copy of Claim and Reimbursement Check

---

**Lead Sheet**

Theft Scheme	Loss Amount
Total	\$

---

**List of Exhibits**

Exhibit	Where it can be found

---

**Summary**

---

**General Information:** *[Type your General Information here]*

**Summary:** *[Type your Summary here]*

**Motives:** *[Type your Motives here]*

**Defenses:** *[Type your Defenses here]*

---

## Table of Contents

<i>Description</i>	<i>Section/Tab</i>







### Theft Scheme 3 Spreadsheet

Deposit Date	Cash reflected on Sales Receipts, Cash Receipts Journal and General Ledger for the same date	Cash reflected on deposit slip for the same date	Total difference between sales receipts, CRJ, GL, and deposit slip and bank statement
		<b>Total Difference</b>	<b>\$</b>

---

**Witness Information Sheet**

---

**Witness \_\_\_\_\_ of \_\_\_\_\_:**

Last Name:		First Name:		Middle:	
Date of Birth:					
Home Address:					
City:		State:		Zip Code:	
Home Phone Number:		Other Phone Number:			
Position/Title:		Hire Date:			
Termination Date:		Willingness To Testify:			
Other information:					

***Attached Records:***

- Witness Statement
  
- Other

---

**Suspect Information Sheet**

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**Suspect** \_\_\_ of \_\_\_:

Last Name:		First Name:		Middle:	
Date of Birth:					
Home Address:					
City:		State:		Zip Code:	
Home Phone Number:		Other Phone Number:			
Position/Title:		Hire Date:			
Termination Date:		Willingness To Testify:			
Other information:					

***Attached Records:***

- Job Description/Duties
- Direct Deposit Form
- Payroll Information
- Job Application
- Other