



**State of Georgia**  
Department of Banking and Finance  
2990 Brandywine Road, Suite 200  
Atlanta, Georgia 30341-5565  
Phone: (770) 986-1633  
Fax: (770) 986-1655

## **Report of Apparent Crime**

PLEASE FILE THIS FORM WITHIN FIVE (5) BUSINESS DAYS FOLLOWING DISCOVERY OF:  
(Check all that apply)

- ☐ Suspected criminal violations of an officer, director, employee or agent.
- ☐ Suspected criminal violations involving financial transactions at the financial services firm where a suspect, or group of suspects, has been identified.
- ☐ A reasonable basis for believing that a crime has occurred, is occurring or may occur.
- ☐ Suspicious transactions that indicate possible money laundering or attempts to structure transactions to avoid currency reporting requirements.
- ☐ Where appropriate, law enforcement authorities were immediately notified.

The information in this report is confidential and subject to the applicable provisions of Chapter 7, Articles 4 and 4A O.C.G.A. and Rules 80-3 and 80-4 of the Department of Banking and Finance.

1. Name and Location of: ☐ Check Casher ☐ Money Transmitter

Name \_\_\_\_\_

Location \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Phone Number \_\_\_\_\_ License Number \_\_\_\_\_

If activity occurred at a branch office(s), please identify \_\_\_\_\_

2. Approximate date and dollar amount of suspected violation:

Date \_\_\_\_\_ Amount \_\_\_\_\_

3. Summary characterizations of the suspected violation. (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Defalcation/Embezzlement | <input type="checkbox"/> Bribery/Gratuity                |
| <input type="checkbox"/> Check Fraud              | <input type="checkbox"/> Check Kiting                    |
| <input type="checkbox"/> False Statement          | <input type="checkbox"/> Misuse of Position/Self Dealing |
| <input type="checkbox"/> Money Laundering         | <input type="checkbox"/> Structuring                     |
| <input type="checkbox"/> Other (explain) _____    |  |

Applicable Sections of Georgia Code and U.S. Code (if known) \_\_\_\_\_

4. This matter is being referred to the local District Attorney in \_\_\_\_\_ County.  
Referral is being made to the FBI/IRS/Secret Service in \_\_\_\_\_.  
City State  
Referral is being made to the U.S. Attorney in \_\_\_\_\_.  
City State Judicial District

5. Person(s) suspected of criminal violations (attach additional pages as necessary).

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(if known) (if known)

Relationship to the financial services firm: (check all that apply)

- ☐ Officer ☐ Employee ☐ Broker ☐ Shareholder ☐ Appraiser ☐ Director  
☐ Agent ☐ Borrower ☐ Account Holder ☐ Other (specify) \_\_\_\_\_

If activity concerns an agent, please give the following:

Location \_\_\_\_\_ Federal Tax ID No. \_\_\_\_\_

Is person still affiliated with the financial services firm? ☐ Yes ☐ No If no have they:

☐ Resigned ☐ Been Terminated ☐ Other (explain) \_\_\_\_\_ Date \_\_\_\_\_

If a Director, Officer or Employee of firm, has firm's Employee Fidelity Carrier been notified?

☐ Yes ☐ No Date of Notice \_\_\_\_\_

Name of Carrier \_\_\_\_\_

Describe Circumstances (attach additional pages as necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there prior or related referrals? ☐ Yes ☐ No If yes, please identify\_\_\_\_\_

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Is the person affiliated with any other financial services firm? ☐ Yes ☐ No or business Enterprise? ☐ Yes ☐ No If yes to either or both, please identify\_\_\_\_\_

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6. Explanation/Description of suspected violation. (Give a brief summary of the suspected violation, explaining what is unusual or irregular. Attach additional pages as necessary.)

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7. Has suspected individual(s) made any admissions? ☐ Yes ☐ No If yes, who

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**8. Offer of Assistance**

The individuals listed below will be authorized to discuss this incident with appropriate law enforcement officials and to assist in locating or explaining any documents pertinent to this incident.

Name:	_____	Telephone:	_____
Title/Position:	_____	Company:	_____
Name:	_____	Telephone:	_____
Title/Position:	_____	Company:	_____

**Preparer Information:**

Preparer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Preparer: \_\_\_\_\_

*Please send the original to the Department of Banking and Finance at the address on the front and retain a copy for your files.*