



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 _____

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 _____

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.)

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

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.