



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 Rule 80-3-1-.06 of the Department of Banking and Finance.

1. Name and Location of: ☐ Check Casher, ☐ Check Seller, ☐ 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.