



**OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF SOLANO**

**KRISHNA A. ABRAMS
DISTRICT ATTORNEY**

Sharon S. Henry
Chief Deputy

Paul D. Sequeira
Chief Deputy

Ken L. Kramer
Chief Investigator

If you believe that you are a victim of real estate fraud, please complete the enclosed report of suspected fraud and provide a summary of pertinent facts. Your summary should include:

1. **A chronology of the events that took place.**
2. **Who was involved, including the names addresses, and telephone numbers of the people and/or companies?**
3. **Names and addresses of any witnesses.**
4. **What were you told, and by whom?**
5. **Did you sign any paper work?**
6. **Were you given any paperwork?**
7. **What were you told that you later learned was false?**
8. **If you have reported this suspected fraud to any other agencies for investigation, please include the name, address, and telephone number of the agency and person contacted.**
9. **Have you contacted a private attorney?**
10. **Do you have any civil lawsuit pending involving this transaction?**
11. **Have you obtained any judgments as a result of a civil lawsuit involving this transaction?**

Please include copies of ALL documents and records, including grant deeds, quitclaim deeds, deeds of trust, reconveyances, assignment of deeds, notes, contracts, agreements, escrow instructions, bank statements, and canceled checks or money orders (both front and back) that you gave in payment or that were given to you as payment. **(DO NOT SEND ANY ORIGINAL DOCUMENTS AT THIS TIME).**

Note: It is unlawful to report a crime has been committed knowing the report to be false. (California Penal Code 148.5(a))

Send your complaint to:

**Solano County District Attorney
Attn: REAL ESTATE FRAUD UNIT
675 Texas Street #4500
Fairfield, CA 94533
(866) 463-6380**

SOLANO COUNTY DISTRICT ATTORNEY
REAL ESTATE FRAUD
REPORT OF SUSPECTED FRAUD

To allow us to properly evaluate your case, please complete this form and provide a summary of the facts (attach additional pages if necessary). In addition, please provide copies of **all** documents and records. **(Do not send any original documents or records).**

Reporting Person: _____ **Date:** _____

Address: _____ **Phone:** _____

Business Address: _____ **Bus. Phone:** _____

Date of Birth: _____ **Driver's License #:** _____ **DL State:** _____

Victim: _____

Address: _____

Business Address: _____ **Bus. Phone:** _____

Date of Birth: _____ **Driver's License #:** _____ **DL State:** _____

Suspect #1: _____

Address: _____

Business Address: _____ **Bus. Phone:** _____

Male _____ **Female** _____ **Approximate Age** _____ **Race** _____

Height _____ **Weight** _____

Suspect #2: _____

Address: _____

Business Address: _____ **Bus. Phone:** _____

Male _____ **Female** _____ **Approximate Age** _____ **Race** _____

Height _____ **Weight** _____

Property Address: _____

Assessor Parcel #: _____

Date of Occurrence: _____ **Location of Occurrence:** _____

Identify the type of transaction pertaining to your complaint: _____

Was there a signed or unsigned contract? (If yes, please attach a copy) ____ **Yes** ____ **No**

If this was a real estate purchase: Date of Purchase: _____

Purchase Price/Amount Loss: _____

Method of Payment: _____ (check, cash, credit card, other – explain)

Name, Address and Phone number of Witnesses, if any: _____

Name, Address and Phone number of other Victims, if any: _____

Date you were aware you may be a victim of a crime: _____

Have you contacted a private attorney? If Yes Who? _____ **Yes** _____ **No**

Any Civil Lawsuits Pending? _____ **Yes** _____ **No**

Any Judgments? _____ **Yes** _____ **No**

SUMMARY OF FACTS