

OFFICE OF THE DISTRICT ATTORNEY COUNTY OF KERN

CIVIC CENTER JUSTICE BUILDING
1215 TRUXTUN AVENUE
BAKERSFIELD, CALIFORNIA 93301
(661) 868-2340, FAX: (661) 868-2700

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ASSISTANT DISTRICT ATTORNEY

JOSEPH A. KINZEL
ASSISTANT DISTRICT ATTORNEY

CYNTHIA J. ZIMMER
DISTRICT ATTORNEY

REAL ESTATE FRAUD VICTIM INFORMATION

NOTICE: The Kern County District Attorney's Office does not conduct direct investigations of real estate fraud. Reports of crime should be made directly to your local police department or to the Kern County Sheriff. Legitimate business activities often result in financial losses. Some losses may justify a civil lawsuit. If there is evidence of criminal intent, criminal fraud charges may be justified. The District Attorney's Real Estate Fraud Unit tracks the activities of people and businesses accused of fraud, screens victim's complaints for possible criminal conduct, and may make referrals to investigatory agencies.

PLEASE ANSWER ALL APPLICABLE QUESTIONS

Foday's Date			
(Please print or type)		,	
Your Name:		Home Phone:	
Address:		Business Phone:	
		Cell Phone:	
City/State/Zip:			
DOB:	SSN:	License/ID No.:	
Email address:			
Address of the Property	Involved, if other than the addre	ss stated above)	
Address:			
City/State/Zip:			

Name of Lender:			
Loan No.:			
Address:			
City/State/Zip:			
COMPLAINT AG			
Name of Company, F	irm, or Individual:		
Address:			Business Phone:
			Cell Phone:
			Email:
Suspect Info:			
ОмОг	Age:	DOB:	
Height:	Weight:	Hair:	Eyes:
Vehicle Description	on:		
Date Of First Cont	tact With Suspect:		
Date Of Last Cont	eact With Suspect:		
IDENTIFY ALL I	PERSONS WITH WHO	OM YOU	DEALT:
Name:			Phone No.:
DO YOU KNOW	OTHER VICTIMS?		
Name:			Phone No.:
Name:			Phone No.:
Name:			Phone No.:

PLAIN WHAT HAPPENED: (Please describe the events, as completely as poster order they occurred, including name and addresses or witnesses. Use addites, if necessary.)				

	E TOTAL AMOUNT OF YOUR LOSS? \$
	ANY LOSS OTHER THAN MONEY YOU PAID DIRECTLY TO DESCRIBE YOUR LOSS.
,	
NAMES, ADDRE	SSES AND PHONE NUMBERS OF WITNESSES:
l	
2	
3.	
	TACTED A PRIVATE ATTORNEY? ☐ Yes ☐ No
YOUR ATTO	PRNEY'S NAME:
IF YOU WISI	H TO ALLOW YOUR ATTORNEY TO SPEAK TO
	DISTRICT ATTORNEY ABOUT THIS CASE, PLEASE
· -	HAT YOU GIVE PERMISSION AND WAIVE
THE ATTOR	NEY/CLIENT PRIVILEGE BY INITIALING HERE:
The information coknowledge.	ontained in this form is true, correct and complete to the best of m
Dated:	Signature:
Please attach a conv	of any documentation you may have supporting your complaint and mail to:

KERN COUNTY DISTRICT ATTORNEY
REAL ESTATE FRAUD UNIT
JUSTICE BUILDING
1215 TRUXTUN AVENUE
BAKERSFIELD, CALIFORNIA 93301

AUTHORIZATION FOR RELEASE OF BANK RECORDS

TO:		
	(Name of lender)	
IN RE:		
	(Loan number)	
I am the b	oorrower of the loan ident	ified above.
-		I-parties in regard to this loan to law enforcement aty District Attorney's Office.
authorize		s investigation into the conduct I have reported, I hereby r copies of your records of my loan to the Kern County llowing address:
Rea 121	trict Attorney al Estate Fraud Unit 5 Truxtun Ave. xersfield, CA 93301	
-	ally request that you inclueking to modify the terms	de all records of any contacts you have had with thirds of the loan.
DATE: _		(Print full name)
		(Signature of borrower)