

DEPARTMENT OF HOMELAND SECURITY
United States Secret Service

COUNTERFEIT NOTE REPORT

INSTRUCTIONS TO BANK:

1. Prepare and submit one copy of this completed form **with each suspected counterfeit note** to your local **SECRET SERVICE OFFICE**.
2. If desired, an additional copy of this form should be prepared and retained for your records.
3. Unless advised otherwise, the suspect note submitted to the Secret Service should be considered counterfeit.
4. The Secret Service **WILL NOT** return a copy of this form.

NAME OF BANK: _____ BANK ROUTING NUMBER: _____ POINT-OF-CONTACT: _____ POINT-OF-CONTACT'S E-MAIL: <i>(if different from above)</i> _____ POINT-OF-CONTACT'S TELEPHONE NUMBER: <i>(include area code)</i> _____ POINT-OF-CONTACT'S FAX NUMBER: <i>(include area code)</i> _____ MAILING ADDRESS OF BANK: <i>(include ZIP Code)</i> _____ _____	DO NOT WRITE IN THIS SPACE Classification Number _____
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IMPORTANT NOTICE

Bank tellers and persons surrendering the note should date and initial each counterfeit note one time with pen and ink in the border area of the note for identification. If the person surrendering the note knows from whom he/she received it, or has a description of the passer, or his/her auto, or any other information, **TELEPHONE the local police department or Secret Service office IMMEDIATELY** and hold the note. (The telephone number of the nearest Secret Service office may be found at www.secretservice.gov.) Otherwise, if no information is available, please mail the note to the Secret Service local office on the day it is received. The submitting bank agrees to abandon any property interest in counterfeit notes it surrenders to the Secret Service.

DESCRIPTION OF COUNTERFEIT NOTE OR RAISED NOTE (for raised note give serial number only)

DENOMINATION	FEDERAL RESERVE BANK <i>(Series 1996 - Letter/Number)</i>	NOTE POSITION LETTER/NOTE POSITION NUMBER
NOTE POSITION LETTER/FACE PLATE NO.	BACK PLATE NO.	SERIES
		SERIAL NUMBER

COUNTERFEIT NOTE RECEIVED FROM

NAME OF INDIVIDUAL / BUSINESS	DATE OF ACTIVITY OR DEPOSIT
HOME ADDRESS <i>(OR BUSINESS LOCATION WHERE COUNTERFEIT WAS PASSED)</i>	HOME PHONE <i>(with Area Code)</i>
	BUSINESS PHONE <i>(with Area Code)</i>
NAME OF PERSON SURRENDERING AND INITIALING NOTE	NAME OF TELLER RECEIVING AND INITIALING NOTE

INFORMATION ABOUT COUNTERFEIT NOTE

DOES THE CUSTOMER HAVE ANY INFORMATION AS TO THE SOURCE OF THE COUNTERFEIT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WAS THERE ANY SUSPICIOUS ACTIVITY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IS THIS A NON - CUSTOMER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REMARKS:		

DISPOSITION (For Secret Service Use Only)

<input type="checkbox"/> Genuine note and SSF 1604 returned to bank (Receipt No. _____)
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This form is not subject to the requirements of Pub. L. 96-511 "Paperwork Reduction Act of 1980." 44 U.S.C., Chapter 35, Section 3518 (c)(1)(A) states that, "...this chapter [Chapter 35] does not apply to the collection of information ... during the conduct of a Federal criminal investigation..."

PLEASE SUBMIT TO THE LOCAL SECRET SERVICE JURISDICTIONAL FIELD OFFICE