

**United States Secret Service**  
**Counterfeit Note Report**

**INSTRUCTIONS TO BANK:**

1. Prepare two copies of this form for each suspected counterfeit note.
2. Submit copies of completed form **with each suspected counterfeit note** to your **LOCAL SECRET SERVICE OFFICE**.
3. If desired, an additional copy of this form should be prepared and retained for your records.

*This form is not subject to the requirements of P.L. 96-511 "Paperwork Reduction Act of 1980." 44 USC, 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..."*

FROM: (Indicate Bank's Name and Mailing Address (include Zip Code)) <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> Telephone Number of Bank (include area code) _____ Point-of-Contact (include extension and e-mail address, if applicable) _____	DO NOT WRITE IN THIS SPACE        Classification Number _____
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FOLD HERE

**IMPORTANT NOTICE**

FOLD HERE

Bank tellers and persons surrendering the note should date and initial each counterfeit note with pen and ink in the border areas 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 Secret Service office IMMEDIATELY** and hold the note. (The telephone number of your local Secret Service office can be found in the front cover of your telephone directory.) Otherwise, if no information is available, please mail the note to our local office on the day it is received.

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

DENOMINATION	FEDERAL RESERVE BANK (Series 1996 - Letter/Number)	CHECK LETTER/QUADRANT NO.	
CHECK LETTER/FACE PLATE NO.	BACK PLATE NO.	SERIES	SERIAL NUMBER
<b>COUNTERFEIT NOTE RECEIVED FROM</b>			
NAME OF CUSTOMER / BUSINESS			DATE OF DEPOSIT
CUSTOMER'S HOME ADDRESS			CUSTOMER'S HOME PHONE A/C
			CUSTOMER'S BUSINESS PHONE A/C
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. _____ )	<input type="checkbox"/> Acknowledgement of Receipt returned to bank
<input type="checkbox"/> Other (Specify)	