## **Real Estate Fraud Report**

Date						
Reported By	<i>y</i> :	•				
Your Name			Office of the District Attorney			
DOB		Driver's License #:	Orange County, California			
Address			Real Estate Fraud Unit - 801/3rd Fl			
City, State, Zip			PO Box 808 Santa Ana, CA 92701			
Email Address:			www.orangecountyda.org			
Home Phone		Cell Phone:	REFraud@da.ocgov.com			
This report/complaint is about: Real Estate Purchase/Sale Lease/Rental Investment Other						
Name of Business and/or Person:						
Identifying Information: (i.e. License #s, employer, etc.)						
Address	<u> </u>					
City, State, Zip:						
Phone		Mobile Phone:	Email:			
Information abo	out the problem transa	ction:				
Date of Trans	action:	Date of Close:	Date when Fraud was Discovered:			
	ress of Property this transaction:					
For Loan Modification: Was there a <b>recorded</b> notice of default? Yes No Date of Default Notice:						
Amount of Loss: Date of Payment: Paid By: _ Cash _ Check _ Credit Card		Paid By: Cash Check Credit Card				
Any Refund: \$			Other:			
Did you sign a contract? Yes No Date Contract Signed:						
Have you com	unlained to the comp	pany or person? Yes No Co	mplained by: Phone Mail e-mail In Person			
	erson Contacted:	any or person:resnoco	Date:			
Traine, ride or r						
How did the person/company respond?						
Other actions you have taken:						
Danartas	d to another Agency					
	I to another Agency: contact, and case #)					
Consulted	Attorney/Legal Aid:					
	ney Name, contact #)					
	rt Action is Pending:					
(Court, Cas	se #, next court date)					

## Other people involved in this transaction:

	<b>oker, Employee or other representative</b> in the transaction? (if applicable)	
Name(s):		
Address:		
Phone(s):	Email:	
Who was the <b>Lender/Investor, Mort</b> e	gage Broker/Loan Officer or Processor in the transaction? (if applicable)	
Name(s):		
Address:		
Phone(s):	Email:	
Who was the <b>Escrow Company</b> in the	e transaction? (if applicable) Escrow Number:	
Name(s):	Escrow Officer:	
Address:		
Phone(s):	Email:	
Address:	n? (if applicable)	
Phone(s):	Email:	
Who was the <b>Seller</b> in the transaction Name(s):	n? (if applicable)	
Address:		
Phone(s):	Email:	
Who was the <b>Attorney or Law Firm</b> t	that you dealt with? (Loan Modification - if applicable)	
Address:		
Phone(s):	Email:	
Have you filed a complaint with the C	California State Bar? Yes No	
Other people, businesses or witnesses	s to the transaction:	
Address:		
Phone(s):	Email:	

## Summary/List of Events - In order from earliest to current date

Description of what happened, actions, contacts, events (include date of each event)
Please attach **copies** of supporting documentation and plan to **keep original** documents.

Print Full Name:					