

OFFICE OF THE DISTRICT ATTORNEY SPECIAL PROSECUTIONS

County of Ventura, State of California 5720 Ralston Street, Suite 300 Ventura, CA 93003 (805) 662-1750

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Chief Assistant District Attorney

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REAL ESTATE FRAUD COMPLAINT FORM

- A. The District Attorney has limited resources to process complaints. All complaints will be reviewed by a Deputy District Attorney. **Not all complaints are investigated.**
- B. The legal staff of the Ventura County District Attorney's Office is not permitted to engage in the private practice of law or to furnish legal advice in private civil matters and does not have legal authority to assert your individual private rights.
- C. Special Prosecutions does not conduct personal intake interviews or make appointments to accept the written complaint form.

PLEASE PRINT LEGIBLY

I. COMPLAINANT (Person Filing Complaint) (all information must be provided)											
LAST NAME	Е	FIRST NAME	INITI	AL		DATE OF BIRTH	OCCU	PATION			
STREET AD	DRESS OR P.O. BOX		APT. NO.			DRIVERS LICENSE OF	RIDENTIFICATIO	ON NUMBER			
CITY			STATE			ZIP CODE					
FAX NO.				E-MA	AIL						
DAY TELEPHONE NUMBER				EVE	EVENING TELEPHONE NUMBER						
())			()						
II. BUSINESS/SUSPECT COMPLAINT IS AGAINST											
NAME OF B	USINESS										
STREET AD	DRESS OR P.O. BOX						TELEPHONE N	NUMBER			
CITY			STATE			ZIP CODE	, ,				
INDIVIDUA	L NAME			DOB (AGE)	RACE	MALE/FEMALE	HEIGHT	WEIGHT			
STREET AD	DRESS OR P.O. BOX		APT. NO.	ı		•	TELEPHONE N	NUMBER			
CITY			STATE			ZIP CODE	•				

III. TRANSA	ACTION INFO	JKMA HON							
DATE OF OCCURRENCE		LOCATION OF OC	CURRENCE						
IDENTIFY THE TYPE OF To (refinance, mortgage, purcha			MPLAINT	WAS A CONTRACT SIGNED? (if yes, please attach a copy) Yes No					
NATURE OF COMPLAINT					•				
DATE OF PURCHASE	PURCHASE PRICE/A	MOUNT OF LOSS	METHOD OF PAYMEN	T (check, cash,	n, credit card, other - explain) [Include copies	of payment – front and back]			
NAME ADDRESS AND PH	ONE NUMBER OF WIT	NESSES, IF ANY:	-1						
NAME, ADDRESS AND PH	HONE NUMBER OF OT	HER VICTIMS, IF KN	IOWN:						
HOW DID YOU HEAR ABO	OUT THE BUSINESS? (newspaper, TV, telepho	one, etc)						
DID YOU CONTACT THE Yes	BUSINESS ABOUT YO] No	UR COMPLAINT?	NAME OF THE PERSO	N YOU CON	VTACTED				
RESULT OF CONTACT			I	DA	ATE YOU WERE AWARE YOU MAY	BE A VICTIM OF A CRIME (explain in narrative)			
LIST OTHER AGENCIES Y	OU HAVE CONTACTE	D							
HAVE YOU CONTACTED Yes	A PRIVATE ATTORNE No	Y? IF YES, WHO?	ANY CIVIL LAWSUITS Yes	PENDING, II	NCLUDING SMALL CLAIIMS?	ANY JUDGMENTS? Yes No			
	PY OF YOUR COMPLAI No	NT AND INFORMAT	TION TO OTHER GOVERN	MENTAL O	R CONSUMER AGENCIES?				
IV. COMPL									
Briefly explain the facts upon which you are basing your complaint (how, when and why you believe you are a victim of a crime), including first contact with suspect, individual or business and anything said or represented which later proved to be untrue. Additional pages may be attached for further remarks.									
winen later prove	to be unitide.	<u> </u>	pages may be at	tuciicu i					
V. DECLAI Date and sign be		s complaints are	not accepted)						
Date and sign below (anonymous complaints are not accepted) I declare, by penalty of perjury under the laws of the State of California, that the forgoing is true and correct to the best of my knowledge and that this declaration was executed at									
(city/state) on	•	•							
					(signature)				
					(Signainie)				

VI. MAILING INSTRUCTIONS

To help explain the details of your complaint, **YOU MUST SUPPLY DOCUMENTS RELATED TO YOUR COMPLAINT.** (Include: real estate contracts, title documents, promissory notes, escrow documents, warranties, cancelled checks (front and back), repair orders, photographs, letters, etc.)

Mail or deliver the signed complaint and all supporting documents to:

Ventura County District Attorney's Office Special Prosecutions 5720 Ralston Street, Suite 300 Ventura, CA 93003

FAILURE TO SEND SUPPORTING DOCUMENTS WILL DELAY RESPONSE TO YOUR COMPLAINT