

# INVESTIGATION REGISTRATION AND CONCLUSION

The collection, use or disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

REFERRAL #

## PLMS INVESTIGATION STAFF ONLY

TO: **DISTRICT SUPERVISOR** OFFICE CODE

INVESTIGATION FILE #  
**IN**

## CLIENT REFERRED

NAME OFFICE CODE FILE #  GA  DS

CASELOAD ASSIGNMENT: REFERRAL OFFICE/SOURCE: INITIATIVE:(EO USE) EST. FRAUD AMOUNT  
\$                      **00**

- FRAUD TYPE:**
- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> A. DUPLICATE I.A.          | <input type="checkbox"/> C. UNDECLARED INCOME | <input type="checkbox"/> G. DEPENDENT STATUS | <input type="checkbox"/> L. MULTIPLE ID (2+FILES)         |
| <input type="checkbox"/> B. ID/PERSONATION (1 FILE) | <input type="checkbox"/> D. UNDECLARED ASSETS | <input type="checkbox"/> H. SPOUSAL STATUS   | <input type="checkbox"/> X. ASSIST OTHER AGENCY           |
| <input type="checkbox"/> F. STOLEN CHEQUE           | <input type="checkbox"/> E. FALSE ADDRESS     | <input type="checkbox"/> J. MISCELLANEOUS    | <input type="checkbox"/> Y. ASSIST FASB (COLLECTION ONLY) |
|   | <input type="checkbox"/> K. ORGANIZED CRIME   | <input type="checkbox"/> OTHER: _____        |   |

## CONCLUSION:

Sample

## DISPOSITION:

Original File documents returned  YES  NO  OTHER: \_\_\_\_\_ SD81s retained on Investigation File  YES  NO  OTHER: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 11 UNFOUNDED                | <input type="checkbox"/> 41 CRIMINAL CONVICTION          | <input type="checkbox"/> 51 STALE DATED                                       |
| <input type="checkbox"/> 21 INSUFFICIENT EVIDENCE    | <input type="checkbox"/> 42 CRIMINAL ACQUITTED           | <input type="checkbox"/> 52 ASSIST FASB (COLLECTION ONLY)                     |
| <input type="checkbox"/> 31 REPAYMENT AGREEMENT      | <input type="checkbox"/> 43 CRIMINAL STAY OF PROCEEDINGS | <input type="checkbox"/> OTHER: _____   |
| <input type="checkbox"/> 32 DEBT CLAIMED             | <input type="checkbox"/> 44 SMALL CLAIMS COURT           | CODE  |
| <input type="checkbox"/> 34 OVERPAYMENT NOTIFICATION | <input type="checkbox"/> 45 SUPREME COURT                | RAD (A) <input type="checkbox"/> \$ <input type="text"/> <input type="text"/> |

INVESTIGATOR SIGNATURE CASELOAD # DATE (YYYY MMM DD)

REGIONAL SUPERVISOR COMMENTS:

REGIONAL SUPERVISOR SIGNATURE DATE (YYYY MMM DD)