



**RON FREITAS**  
*District Attorney, San Joaquin County*  
**PROTECTING OUR COMMUNITY SINCE 1850**

**Instructions for Completing the Insurance Fraud Referral Form**

Thank you for sharing information that may be relevant to establishing past or ongoing insurance fraud. We sincerely hope this information will be of assistance to you. Before filling out the attached referral form, please take the time to read these instructions. They will help you to understand our function, and we will be better able to understand and act on your complaint.

The San Joaquin County District Attorney's Office Insurance Fraud Unit, in partnership with the California Department of Insurance, investigates and prosecutes insurance fraud cases occurring throughout the county. The types of cases that will be considered for investigation by the Insurance Fraud Unit consist of fraud often related to various types of insurance policies such as automobile, workers' compensation, medical, homeowner, and rental insurance policies. We do not investigate fraud against state government or federal government plans such as Medi-Cal or Medi-Care.

When we receive a citizen complaint, we review all the information and the supporting documentation that is included. If the complaint does not meet the criteria required for our Office to open a case, we will do our best to refer you to an agency that will appropriately handle the type of matter involved.

Many insurance-related disputes are not appropriate for government action but are better suited for private legal action. It may be a good idea to consult with private counsel to explore private legal remedies that might be available.

This office is not legally permitted to represent individuals in civil matters, take action in order to obtain money owed a consumer, help cancel any debt due on a contract that was signed, resolve or mediate individual consumer complaints, or obtain any other personal relief. Those functions may be performed by other governmental agencies established for that purpose.

***If you believe you have been a victim of insurance fraud, or you have information about insurance fraud being committed in San Joaquin County, please complete this complaint form.***

## How You Can Help Us:

- A. Type or print clearly in ink.
- B. Write or type a clear and concise summary of your complaint and attach the summary to the complaint form. Additional pages may be attached if needed for further remarks. Please include the following information:
1. Tell us **what** happened in chronological detail and be specific.
  2. Tell us **who** you think is the person(s) or company that is responsible for the loss(es), conversion(s) or fraudulent act(s).
  3. Tell us **where** (address, city, and state) the incident(s), conversion(s), or act(s) took place. Please include the property address(es) involved in the fraudulent transaction(s).
  4. Tell us **when** the loss(es), conversion(s) or fraudulent act(s) occurred.
  5. Tell **how** you know the representations were false or how you know fraud was committed.
  6. Tell us **when** and **how** you first became aware that you may have been defrauded or that fraud was committed. If an individual(s) or a company is named in your complaint, please list the exact dates of contact. If someone else made you aware of the potential crime, please include the person's name(s), address(es), and telephone number(s).
  7. Tell us what your actual financial loss is, if any, or if known. Do not include lost interest, unrealized profits, or missed opportunities.
- C. Documentary evidence is especially important. Therefore, please include photocopies of all documents and materials (*contracts, agreements, certificates, notes, deeds, correspondences, legible copies of involved checks, front and back, escrow and/or loan documents, etc.*) you wish us to review. **Please retain the originals for your records.**
- D. Upon completion of all sections of the complaint form, please mail the form along with an attached narrative and copies of your supporting documentation to:

**San Joaquin County District Attorney's Office**  
**Insurance Fraud Unit**  
**Attn: Kristy Regan**  
**222 E. Weber Avenue**  
**Stockton, CA 95202**

**All complaints must have the attached complaint form, completely filled out, signed, and dated by the complaining party (not by their attorney) before a case can be reviewed.**



**RON FREITAS**  
*District Attorney, San Joaquin County*  
**PROTECTING OUR COMMUNITY SINCE 1850**

## INSURANCE FRAUD REFERRAL FORM

PLEASE TYPE OR PRINT LEGIBLY

**I. COMPLAINANT (Person Filing Complaint)** (All information must be provided.)

LAST NAME	FIRST NAME	INITIAL
DATE OF BIRTH	OCCUPATION	
STREET ADDRESS or P.O. BOX	APT. NO.	DRIVER'S LICENSE / IDENTIFICATION NUMBER
CITY	STATE	ZIP CODE

DAY TELEPHONE NUMBER (    )	EVENING TELEPHONE NUMBER (    )
FAX NO.	E-MAIL

**II. SUSPECT (Business or Person)**

NAME OF BUSINESS or PERSON		
STREET ADDRESS or P.O. BOX	TELEPHONE NUMBER (    )	
CITY	STATE	ZIP CODE

INDIVIDUAL NAME		
STREET ADDRESS or P.O. BOX	APT. NO.	TELEPHONE NUMBER (    )
CITY	STATE	ZIP CODE



