



**DISTRICT ATTORNEY'S OFFICE**  
**INSURANCE FRAUD UNIT**  
THREE SOUTH PENN SQUARE  
PHILADELPHIA, PENNSYLVANIA 19107-3499  
215-686-8728

R. SETH WILLIAMS  
District Attorney

**INSURANCE FRAUD REFERRAL FORM**  
(Private Citizen)

I.  check here if referring anonymously and continue to Section III

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II. Your Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_

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III. Subject Name: \_\_\_\_\_ Alias: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ SSN: \_\_\_\_\_

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IV. Did at least one of the following events occur within the City and County of Philadelphia

Alleged Incident: \_\_\_\_\_ Claim Filed: \_\_\_\_\_  
Claim Received: \_\_\_\_\_ Payment Sent: \_\_\_\_\_  
Payment Received: \_\_\_\_\_

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V. **CASE SUMMARY:** Please summarize your allegation(s) - What happened?  
(please use additional sheets as necessary)

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