

Fast Track Criminal Referral Enforcement Program  
Checklist

**PART I: Reserve Bank Responsibilities**

**Financial Institution**

**Name:**

**Address:**

**Institution-Affiliated Party**

**Name:**

**Address:**

**Position at financial institution:**

**Teller**

**Customer Service Representative**

**Officer**

**Other (describe)**

**Name and address of current employer, if financial institution:**

**Criminal Referral Information**

**Date of referral:**

**Violation reported:**

**Defalcation/Embezzlement**

**Misuse of Position or Self Dealing**

**Mysterious Disappearance**

**Other (describe)**

**Amount of violation:**

**Date of confession or admission:**

**Law Enforcement Contacts**

Name:  
Federal Agency:  
Date:  
Result of contact:  
 No investigation commenced  
 Prosecution declined  
 Other (describe)

Name:  
State/Local Agency:  
Date:  
Result of contact:  
 No investigation commenced  
 Prosecution declined  
 Other (describe)

**Repayment or Restitution**

No restitution  
 Full (partial) restitution in the amount of \$\_\_\_\_\_ was made on \_\_\_\_\_  
 Other arrangements (describe):

Name of financial institution contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

**Statutory Factors**

Describe personal gain and/or loss to the financial institution

Describe evidence of personal dishonesty/willful or continuing disregard for safety and soundness

**Reserve Bank Recommendation**

Order of Prohibition \_\_\_\_  
Cease and Desist Order requiring restitution \_\_\_\_  
Combined Prohibition/Cease and Desist Order \_\_\_\_  
Amount of restitution \$ \_\_\_\_\_

**Reserve Bank Individual Responsible for this Matter**

Name:  
Telephone Number:

**PART II: Board Staff Responsibilities**

Reserve Bank Responsibilities Part completed \_\_\_\_\_  
(initials) (date)

Case assigned to \_\_\_\_\_  
(name) (date)

Criminal referral and supporting information reviewed \_\_\_\_\_  
(initials) (date)

Draft proposed cover letter and order(s) reviewed \_\_\_\_\_  
(initials) (date)

**PART III: Board Staff Approvals**

Acting under delegated authority each of us authorize the initiation of the following enforcement action(s) against \_\_\_\_\_.

Order of Prohibition \_\_\_\_\_

Cease and Desist Order requiring restitution \_\_\_\_\_

Combined Prohibition/Cease and Desist Order \_\_\_\_\_

Amount of restitution \$ \_\_\_\_\_

\_\_\_\_\_  
**Frederick M. Struble**  
Associate Director

\_\_\_\_\_  
**Richard M. Ashton**  
Associate General Counsel

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**PART IV: Board Staff Notification Procedures**

Interagency notification letters sent \_\_\_\_\_  
(date)

Cover letter and order(s) sent to institution-affiliated party \_\_\_\_\_  
(date)

Deadline for response \_\_\_\_\_  
(date)

Receipt of certified mail notification card \_\_\_\_\_  
(date)

**PART V: ORDER(S)**

**Consent Order(s)**

Receipt of signed order(s) \_\_\_\_\_  
(date)

Order(s) issued by the Board \_\_\_\_\_  
(date)

Press release issued \_\_\_\_\_  
(date)

Interagency notification letters sent \_\_\_\_\_  
(date)

**Contested Action(s)**

Follow-up correspondence or contact \_\_\_\_\_  
(date)

Draft notice approved by the Enforcement Section and Legal Division \_\_\_\_\_  
(date)

Notice submitted to Board for consideration \_\_\_\_\_  
(date)

Notice issued by Board \_\_\_\_\_  
(date)