



Name \_\_\_\_\_ Phone number \_\_\_\_\_ Page 1

## ID Theft Affidavit

### Victim Information

- (1) My full legal name is \_\_\_\_\_  
(First) (MI) (Last)
- (2) (If different from above) When the events described in this affidavit took place, I was known as:  
\_\_\_\_\_  
(First) (MI) (Last)
- (3) My date of birth is \_\_\_\_\_  
(day/month/year)
- (4) My social security number is \_\_\_\_\_
- (5) My driver's license or identification card state and number are \_\_\_\_\_
- (6) My current address is \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (7) I have lived at this address since \_\_\_\_\_  
(month/year)
- (8) (If different from above) When the events described in this affidavit took place, my address was \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (9) I lived at the address in #8 from \_\_\_\_\_ until \_\_\_\_\_  
(month/year) (month/year)
- (10) My daytime telephone number is (\_\_\_\_) \_\_\_\_\_  
My evening telephone number is (\_\_\_\_) \_\_\_\_\_



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## How the Fraud Occurred

### Check all that apply for items 11 – 17:

(11)  I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.

(12)  I did not receive any benefit, money, goods or services as a result of the events described in this report.

(13)  My identification documents (for example, credit cards; birth certificate; driver's license; social security card; etc.) were  stolen  lost on or about \_\_\_\_\_  
(day/mo/yr)

(14)  To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, social security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

\_\_\_\_\_  
Name (if known)

\_\_\_\_\_  
Name (if known)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Phone number(s) (if known)

\_\_\_\_\_  
Phone numbers(s) (if known)

\_\_\_\_\_  
additional information (if known)

\_\_\_\_\_  
additional information (if known)

(15)  I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.

(16)  Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

\_\_\_\_\_

\_\_\_\_\_  
(Attach additional pages as necessary)



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### Victim's Law Enforcement Actions

(17) (check one) I  am  am not willing to assist in the prosecution of the person(s) who committed this fraud.

(18) (check one) I  am  am not authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

(19) (check all that apply) I  have  have not reported the events described in this affidavit to the police or other law enforcement agency. The police  did  did not write a report.

*In the event you have contacted the police or other law enforcement agency, please complete the following:*

\_\_\_\_\_  
(Agency #1) (Officer/Agency personnel taking report)

\_\_\_\_\_  
(Date of report) (Report Number, if any)

\_\_\_\_\_  
(Phone number) (e-mail address, if any)

\_\_\_\_\_  
(Agency #2) (Officer/Agency personnel taking report)

\_\_\_\_\_  
(Date of report) (Report Number, if any)

\_\_\_\_\_  
(Phone number) (e-mail address, if any)

### Documentation Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan to notify. Attach originals if you have them (copies will suffice) to the affidavit before sending it to the Police Department.

(20)  A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.



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(21)  Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill).

## Signature

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date signed)

**Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.**

## Witness:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone number)



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## Fraudulent Account Statement

### Completing this Statement

- ✓ Make as many copies of this page as you need. Complete a separate page for each company you're notifying and only send it to that company. Include a copy of your signed affidavit.
- ✓ List only the account(s) you're disputing with the company receiving this form. See the example below.
- ✓ If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (NOT the original).

I declare (check all that apply):

- As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor Name /Address (the company that opened account or provided the goods or services)	Account Number	Type of unauthorized Credit/goods/services Provided by creditor (if known)	Date Issued or opened (if known)	Amount/ Value Provided (the amount charged or the cost of the goods/services )
Example Example Nat'l Bank 22 Main Street Columbus, OH 22722	01234567-89	Auto loan	01/05/2000	\$25,500.00

- During the time of the accounts described above, I had the following account open with your company:

Billing name \_\_\_\_\_

Billing address \_\_\_\_\_

Account number \_\_\_\_\_