	5:	
Name	Phone number	Page I

ID Theft Affidavit

ctin	n Information				
(1)	My full legal name is				
		(First)	(Middle)	(Last)	(Jr., Sr., III)
(2)	(If different from above	e) When the even	ts described in this	affidavit took	place, I was knowr
	(First)	(Middle)	(Last)		(Jr., Sr., III)
(3)	My date of birth is	(day/month/y	/ear)		
(4)	My Social Security nur	mber is			
(5)	My driver's license or	identification ca	rd state and numbe	er are	
(6)	My current address is				
	City		State	Zip	Code
(7)	I have lived at this add	ress since(ma	onth/year)		
(8)	(If different from above	e) When the even	ts described in this	affidavit took	place, my address
	City		State	Zi _l	p Code
(9)	I lived at the address i	n Item 8 from		until	
			(month/year)		(month/year)
10)	My daytime telephone	e number is ())		
	My evening telephone	e number is ())		

How the Fraud Occurred	
Check all that apply for items 11 - 17:	
(11) 🗖 I did not authorize anyone to use my name credit, loans, goods or services described in	•
(12) Idid not receive any benefit, money, goods in this report.	or services as a result of the events described
(13) ☐ My identification documents (for example, Social Security card; etc.) were ☐ stolen ☐	
	e following person(s) used my information rth, existing account numbers, Social Security entification documents to get money, credit,
Name (if known)	Name (if known)
Address (if known)	Address (if known)
Phone number(s) (if known)	Phone number(s) (if known)
Additional information (if known)	Additional information (if known)
(15) I do NOT know who used my information of credit, loans, goods or services without my	,
(16) Additional comments: (For example, description formation were used or how the identity	•
(Attach additional pages	as necessary)

Name ______ Phone number _____ Page 2

Victir	n's Law Enforcement Actions		
	neck one) I 🗖 am 🗖 am not willi mmitted this fraud.	ng to assist in the prosecution of the pers	son(s) who
en		norizing the release of this information to ng them in the investigation and prosecut	
to rep	the police or other law enforcemen	ve not reported the events described in the agency. The police did did not did the police or other law enforcement age	write a
(/	Agency #1)	(Officer/Agency personnel taking report)	
([Date of report)	(Report number, if any)	
(F	Phone number)	(email address, if any)	
(/	Agency #2)	(Officer/Agency personnel taking report)	
(1)	Date of report)	(Report number, if any)	
(F	Phone number)	(email address, if any)	
	mentation Checklist		
		on you are able to provide to the compan ne affidavit before sending it to the compa	
(20) 🗖	license, state-issued ID card or you	ed photo-identification card (for example r passport). If you are under 16 and don't of your birth certificate or a copy of your c nd place of residence.	have a
(21) 🗖		the disputed bill occurred, the loan was me, a rental/lease agreement in your name, bill).	

Name ______Phone number ______Page 3

Name		Phone number P	age 4
(22) 🗖	obtain a report or report number from the	plice or sheriff's department. If you are unable police, please indicate that in Item 19. So not a copy of the report. You may want to	me
Signa	ature		
affidav or the i agenci knowir constit	rit is true, correct, and complete and made information it contains may be made availabl es for such action within their jurisdiction a ingly making any false or fraudulent stateme	elief, all the information on and attached to in good faith. I also understand that this aff e to federal, state, and/or local law enforcems they deem appropriate. I understand that ent or representation to the government mar federal, state, or local criminal statutes, and tor both.	idavit nent nay
(signatu	ure)	(date signed)	
(Notary)		
	with each company. Creditors sometimes ness (non-relative) sign below that you co	require notarization. If they do not, please mpleted and signed this affidavit.]	have
Witne	SS:		
(signatu	ire)	(printed name)	
(date)		(telephone number)	

Name	Phone number	F	age !	5
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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 the 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 National Bank 22 Main Street Columbus, Ohio 22722	01234567-89	auto loan	01/05/2002	\$25,500.00

During the time of the accounts described above, I had the following account open with your compan	ıy:
Billing name	
Billing address	
Account number	