

## ID THEFT AFFIDAVIT

1. My full legal name is \_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., III)
2. (If different from above) When the events described in this affidavit took place, I was known as \_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., III)
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 Item 8 from \_\_\_\_\_(month/year) until \_\_\_\_\_(month/year)
10. My daytime telephone number is \_\_\_\_\_
11. My evening telephone number is \_\_\_\_\_

## 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/month/year)
- ( ) 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 Number(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 was used or how the identity thief gained access to your information.)

(Attach additional pages as necessary)

17. I am willing to assist in the prosecution of the person(s) who committed this fraud.
18. I am 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 the fraud.
19. I have reported the events described in this affidavit to the police or other law enforcement agency.
20. The police did write an incident report. If yes, complete the following.

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(Agency #1)

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(Officer/Agency personnel taking report)

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(Date of report)

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(Report number, if any)

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(Phone number)

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(email address, if any)

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(Agency #2)

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(Officer/Agency personnel taking report)

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(Date of report)

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(Report number, if any)

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(Phone number)

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(email address, if any)

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## DOCUMENTATION CHECKLIST



Please indicate the supporting documentation you will provide to the companies you plan to notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

- ( ) 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 do not have a photo-ID, you may submit a copy of your birth certificate or a copy of an official school document showing your enrollment and place of residence.
  
- ( ) 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).

- ( ) 22. A copy of the report you filed with the police or sheriff's department. By submitting this report to the Attorney General, I am also requesting an "Identity Theft Passport". If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.
  
- ( ) 23. A certified copy of the court order I have obtained to expunge any charges, arrest record and/or conviction falsely entered against me. By submitting this court order to the Attorney General, I am also requesting an "Identity Theft Passport".

**SIGNATURE**

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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.

\_\_\_\_\_  
Notary Public

[Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.]

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

# FRAUDULENT ACCOUNT STATEMENT

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## COMPLETING THIS STATEMENT

- !!△ Make as many copies of this page as you need. [Complete a separate page for each company you are notifying and only send it to that company.](#) Include a copy of your signed affidavit.
- !!△ List only the account(s) you are 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 as a result of the event(s) described in the *ID Theft Affidavit*, the following accounts(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 <i>(the company that opened the account or provided the goods or services)</i>	Account Number	Type of unauthorized credit/goods/ services provided by creditor <i>(if known)</i>	Date issued or opened <i>(if known)</i>	Amount/Value provided <i>(the amount charged or the cost of the goods/services)</i>
<i>(Example)</i> National Bank 22 Main Street Columbus, Ohio 22722	<i>(Example)</i> 01234567-89	<i>(Example)</i> auto loan	<i>(Example)</i> 01/05/2002	<i>(Example)</i> \$25,500.00

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

Billing Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_