## **IDENTITY THEFT AFFIDAVIT INSTRUCTIONS**

To make certain that you do not become responsible for the debts incurred by the identity thief, you must provide proof that you did not create the debt to each of the companies where accounts were opened or used in your name.

A working group composed of credit grantors, consumer advocates, and the Federal Trade Commission (FTC) developed this Identity Theft Affidavit to help you report information to many companies using just one standard form. Use of this affidavit is optional for companies. While many companies accept this affidavit, others require that you submit more or different forms. Before you send the affidavit, contact each company to find out if they accept it.

You can use this affidavit where a new account was opened in your name. The information will enable the companies to investigate the fraud and decide the outcome of your claim. (If someone made unauthorized charges to an existing account, call the company to find out what to do.)

This affidavit has two parts:

- 1. Identity Theft Affidavit This is where you report general information about yourself and the theft; and
- 2. <u>Fraudulent Account Statement</u> This is where you describe the fraudulent account(s) opened in your name. Use a separate Fraudulent Account Statement for each company you need to write to.

When you send the affidavit to the companies, attach copies (**NOT** originals) of any supporting documents (for example, driver's license or police report) you have. Before submitting your affidavit, review the disputed account(s) with family members or friends who may have information about the account(s) or access to them.

Here are some important steps you should take during the process:

- Complete this affidavit as soon as possible. Many creditors ask that you send it within two weeks of receiving it.
  Delaying could slow the investigation.
- 2. **Be as accurate and complete as possible**. You may choose not to provide some of the information requested. However, incorrect or incomplete information will slow the process of investigating your claim and absolving the debt. Please print clearly.

When you have finished completing the affidavit, mail a copy to each creditor, bank or company that provided the thief with the unauthorized credit, goods or services you describe. Attach to each affidavit a copy of the Fraudulent Account Statement with information only on accounts opened at the institution receiving the packet, as well as any other supporting documentation you are able to provide.

- 3. <u>Send the appropriate documents to each company by certified mail, return receipt requested</u>. This step can prove that it was received. The companies will review your claim and send you a written response telling you the outcome of their investigation.
- 4. Keep a copy of everything you submit for your records. If you cannot complete the affidavit, a legal guardian or someone with power of attorney may complete it for you. Except as noted, the information you provide will be used only by the company to process your affidavit, investigate the events you report and help stop further fraud. If this affidavit is requested in a lawsuit, the company might have to provide it to the requesting party.

Completing this affidavit does not guarantee that the identity thief will be prosecuted or that the debt will be cleared.

Please contact us at (618) 995-9000 if you have any questions about completing the forms.

### ADDITIONAL IDENTITY THEFT PROCEDURES

If you have not already done so, report the fraud to the following organizations:

1. Each of the three national consumer reporting agencies. Ask each agency to place a fraud alert on your credit report, and send you a copy of your credit file. When you have completed your affidavit packet, you may want to send them a copy to help them investigate the disputed accounts.

**Equifax Credit Information Services, Inc. -** (800) 525-6285/ TDD 800-255-0056. Ask the operator to call the Auto Disclosure Line at 800-685-1111 to obtain a copy of your report. P.O. Box 740241, Atlanta, GA 30374-0241. http://www.equifax.com

**Experian information Solutions, Inc. -** (888) 397-3742/ TDD (800) 972-0322. P.O. Box 9530, Allen, TX 75013. http://www.experian.com

**Trans Union -** (800) 680-7289/ TDD (877) 553-7803. Fraud Victim Assistance Division. P.O. Box 6790, Fullerton, CA 92634-6790. http://www.transunion.com

- 2. The fraud department at each creditor, bank, or utility/service that provided the identity thief with unauthorized credit, goods or services. This would be a good time to find out if the company accepts this affidavit, and whether they require notarization or a copy of the police report.
- 3. Your local police department. Ask the officer to take a report and give you a copy of the report. Sending a copy of your police report to financial institutions can speed up the process of absolving you of wrongful debts or removing inaccurate information from your credit reports. If you cannot get a copy, at least get the number of the report.
- 4. The FTC, which maintains the Identity Theft Data Clearinghouse the federal government's centralized identity theft complaint database and provides information to identity theft victims. You can visit <a href="http://www.consumer.gov/idtheft">http://www.consumer.gov/idtheft</a> or call toll-free 877-ID-THEFT (877-438-4338).

The FTC collects complaints from identity theft victims and shares their information with law enforcement nationwide. This information also may be shared with other government agencies, consumer reporting agencies, and companies where the fraud was perpetrated to help resolve identity theft related problems.

5. Other governmental agencies or services, such as:

**Postal Inspection Service** – Contact the Postal Inspector at your local post office in the event you believe your mail was stolen or redirected. <a href="http://www.usps.com">http://www.usps.com</a>.

**Social Security Fraud Hotline** - Call this hotline (800-269-0271) in the event you suspect someone is using your Social Security number for fraudulent purposes.

**Department of Motor Vehicles** – Contact your local department of motor vehicles (DMV) if you believe someone is trying to obtain a driver's license or identification card using your name and information. <a href="http://www.dmv.org">http://www.dmv.org</a>.

**NOTE**: In addition to the above recommendations, please carefully review all of your accounts, related statements and all charges and transactions. You should continue this review process over a reasonable period of time since identity theft takes time to completely resolve. You should immediately report any discrepancies.

# **IDENTITY THEFT AFFIDAVIT**

**GENERAL INFORMATION** 

(1) My full legal name is			
(First)	(Middle)	(Last)	(Jr., Sr., III)
(2) (If different from above) When the e	events described in this affidav	vit took place, I was known a	as:
(First)	(Middle)	(Last)	(Jr., Sr., III)
(3) My date of birth is(month/day	<u> </u>		
(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 e	events described in this affidav	vit took place, my address w	ras:
City	State	Zip Code	
(9) I lived at the address in Item 8 from	until		
	(month/year) (mo	onth/year)	
(10) My daytime telephone number is (	)		
My evening telephone number is (	)		
	HOW THE FRAUD OC	CURRED	
Check all that apply:			
(11)  I did not authorize anyone to services described in this report.	use my name or personal in	formation to seek the mone	ey, credit, loans, goods o
(12) I did not receive any benefit, m	noney, goods or services as a	result of the events describe	ed in this report.
(13) ☐ My identification documents (for were ☐ stolen ☐ lost on or about	or 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 address, date of birth, existing accourdocuments to get money, credit, loans,	nt numbers, Social Security n	umber, mother's maiden na	ame, etc.) or identification
Name (if known)	Name (if kr	nown)	
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) $\square$ I do not know who used my information owithout my knowledge or authorization.	or identification documents to get money, credit, loans, goods or services
(16) ☐ Additional comments: (For example, de the identity thief gained access to your information	escription of the fraud, which documents or information was used or how n.)
(Attach additional pages as necessary.)	
VICTIM'S L	AW ENFORCEMENT ACTIONS
(17) (check one) I ☐ am ☐ am not willing to assi	ist in the prosecution of the person(s) who committed this fraud.
(18) (check one) I ☐ am ☐ am not authorizing assisting them in the investigation and prosecution	g the release of this information to law enforcement for the purpose of on of the person(s) who committed this fraud.
	t reported the events described in this affidavit to the police or other law of write a report. In the event you have contacted the police or other law ng:
(Agency #1) (Officer/Agency personnel taking re	port)
(Date of report) (Report number, if any)	
(Phone number) (email address, if any)	
(Agency #2) (Officer/Agency personnel taking re	port)
(Date of report) (Report number, if any)	
(Phone number) (email address, if any)	

### DOCUMENT CHECKLIST

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

kample, a rental/lease agreeme	ent in your name, a co	py of a utility bill or a co	ppy of an insurance bill).
	indicate that in Item 19		If you are unable to obtain a report or repoly need the report number, not a copy of t
redit Bureau Resolution Tracki	<u>ng</u>		
I of the following credit bure solve your report and obtain a			theft, including recommended measures
Bureau Information	Date Contacted:	Contract Name:	Notes:
Equifax (800) 525-6285 http://www.equifax.com			
Experian (888) 397-3742 http://www.experian.com			
Trans Union (800) 680-7289 http://www.transunion.com			
sperienced, including the neces	ssary actions to resolv	e your report:	oe notified of any fraudulent activity you ha
Financial Institution Name:	Date Contacted:	Contract Name:	Notes:

(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

(21) Proof of residency during the time the dispute occurred, the loan was made or the other event took place (for

a copy of your official school records showing your enrollment and place of residence.

### Account Statement Review Tracking

Use this section to document your review of all financial statements you have received and immediately report any discrepancies:

Financial Institution Name:	Type of Account:	Statement Period:	Notes:

#### Internet Banking Access Tracking

Use this section to document changes in your Internet banking access user names and passwords to ensure your accounts remain secure from unauthorized access (please DO NOT list your user names and passwords here):

Financial Institution Name:	Type of Account:	Date Completed:	Notes:

## Law Enforcement Report Tracking

(Date)

Document all identity theft reports you have filed with law enforcement agencies here:

Law Enforcement Agency:	Date Contacted:	Contract Name:	Report Number and Notes:
	٤	SIGNATURE	
	ury that the information	have provided in this	affidavit is true and correct to the best of my
knowledge.			
(Signature)		(Date signed)	
Knowingly submitting false i	nformation on this form	n could subject you t	o criminal prosecution for perjury.
(Notary)			
	va ditava a a maatima a a wa ay	ina matanization. If the	r do not inlance have an a witness (non
¡Спеск witn each company. Сі relative) sign below that you co			do not, please have one witness (non-
Witness:			
(Signature)		(Printed name)	

(Telephone number)

### FRAUDULENT ACCOUNT STATEMENT

## **INSTRUCTIONS**

- 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).

		DECLARATION		
I declare (check all that apply):				
As a result of the event(s) company in my name without m documents:	described in the II ny knowledge, pern	D Theft Affidavit, the follow nission or authorization usin	ring account(s) wang my personal in	as/were opened at your nformation or identifying
Creditor Name/Address: (the company that opened the account or provided the goods or services)	Account Number:	Type of unauthorized credit/goods/service 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 Las Vegas, NV 89117	01234567-89	Auto Loan	01/05/2007	\$25,500.00
☐ During the time of the accoun	ts described above	, I had the following account	open with your co	ompany:
Billing name				
Billing address				

Account number \_\_\_\_