## **Identity Theft/Criminal Impersonation Affidavit**

The Nebraska State Statute which defines this crime is 28-608 Criminal Impersonation. In order to violate this statute a person must use personal identification documents or personal identifying information. This does <u>not</u> include the use of a credit card or credit accounts actually issued to the victim to make a purchase.

If you feel that you are the victim of a crime under Nebraska State Statute 28-608, please completely fill out this form, have it notarized, then send it to

The Technical Investigations Unit Lincoln Police Department 575 S. 10<sup>th</sup> Street Lincoln, NE 68508

Personal Information	1				
1) My full legal name is _	(Last)	(Middl	e)	(First)	(Jr., Sr., III)
2) My date of birth is(	Month/day/yea	r)			
3) My current address is _					_
City	State		Z	ip Code	
4) (If different than #3) W  (Street)	hen the events eet number and		his affidavi	t took place	my address was
City	_ State		Z	ip Code	
5) I have lived at my curre	nt address sind	ce			
6) If you lived at this addre	ess for less than	n one year, wh	nat was you	ır previous	address
7) My Social Security num	ber is				
8) My driver's license or ic	lentification is	(State)	(Numbe	er)	
9) My daytime telephone	number is (	)			
10) 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 credit, loans, goods or services described in	
12) I did not receive any benefit, money, goods described in this report.	s or services as a result of the events
13) My identification documents (for example, because the Security Card; etc.) were stolen lo	
14) I do NOT know who used my information of credit accounts, loans, goods or services w	•
15) To the best of my knowledge and belief, the example, my name, address, date of birth, number, etc.) or identification documents to services without my knowledge or authorization.	existing account numbers, Social Security o get money, credit accounts, loans, goods or
Name (if known)	Name (if known)
Address (if known)	Address (if known)
Phone numbers (if known)	Phone numbers (if known)
Additional information	Additional information
16) Additional Comments: (For example, description formation were used or how the identity the second control of the second control	•
(Use additional pages as necessary)	

	n not authorizing the release of information to law of investigating and/or prosecuting my complaint. This, bank accounts, work records, etc.
1	
(Signature) declare that everything in knowledge. I also understand that to lofficer can result in my prosecution for	this report is true and accurate to the best of my knowingly submit false information to a law enforcement a criminal offense.
(date)	
Sworn and subscribed to on the	day of,,
 Notary	