Identity Theft Victim's Packet

Information and Instructions

This packet should be completed once you have contacted Glendale Police Department and obtained a police report number related to your identity theft case. To obtain a police report number, call the nonemergency dispatch line at 623-930-3000 and then submit with any supporting documentation to the Glendale Police Records Unit located at 6835 N. 57th Dr, Glendale, AZ 85301. Normal business hours are Monday – Friday, 8am to 5pm. Please keep track of your report number, as creditors, financial institutions and credit reporting agencies will ask for it.

Note: Page 5 of this document MUST be notarized prior to submittal.

My Glendale Police Department Report is: #

Retain a copy of this packet for your records as it contains information that will assist you with correcting your credit record and disputing the debts fraudulently incurred using your stolen personal identifying information. This packet also has information that will enable you to obtain financial records related to the fraudulent accounts. You will need to provide these records to law enforcement, which will use them to conduct a criminal investigation. We recognize that some victims are only interested in the correction of their credit and do not necessarily desire prosecution; therefore, we request that you only submit this packet to Glendale Police Department if you desire prosecution.

It is important to understand that in the event that a suspect is identified and the case proceeds to court, as the victim you would mostly likely be required to appear and testify in court. You will need to complete the dispute letters and provide us with necessary documentation before we can begin investigating your case for prosecution. Examples of the document evidence we need are included in this packet. Without document evidence, we cannot begin the investigation. Please write your report number on copies of all documents that you submit to Police.
*** It is important to note that even if the suspect cannot be identified for prosecution, it will not affect your ability to correct the fraudulent accounts and remove them from your credit.
*** Furthermore, when you report your identity crime to the Glendale Police Department, all of the relevant information from your case is entered into our database, which will allow us to cross-reference your report with potential suspects who are involved in or arrested on other cases.

NOTE:

• If you suspect someone is using your personal information for employment and there is no evidence of other identity fraud, please see the "Additional Useful Information" section for information about contacting the Social Security Administration. Do not contact the employer directly as they might warn the suspect employee.

• If your name and/or information are used by someone else to avoid a traffic ticket or any criminal prosecution, you may file a report with Glendale Police, and the report will be forwarded to the proper jurisdiction for follow-up. It may not be necessary to complete this packet.

Helpful Hints:

• Remember that each creditor has different policies and procedures for correcting fraudulent accounts.

• Do not provide creditors with original documents and be sure to keep copies of everything you provide to the creditors or companies involved in the identity theft.

• Write down all dates, times and the names of individuals you speak to regarding the identity theft and correction of your credit.

Name	Glendale Police Departm	ent Report Number
(Please com	ID Theft Affida plete and submit pages 2 thru 6 to th	
1. My full legal name is(First	t) (Middle) (Last) (Jr., Sr., III)	
		s affidavit took place, I was known as
(First) (Middle) (Last) (Jr., Sr.	, III)	
3. My date of birth is	(month/day/year)	
4. My Social Security Number	' is	
5. My driver's license or ident	ification card (state and numbe	r) is:
6. My current address is		
City	State	Zip Code
7. I have lived at this address	since	(month/year)
		address was (If different from above)
City	State	ZipCode
9. I lived at the address in Iter	n 8 from (mont	h/year) until (month/year)
10. My daytime telephone nui	mber is ()	
My evening telephone numbe	er is ()	
 loans, goods or servid 12. I did not receive a this report. 13. My identification of birth certificate; etc.) (month/day/year) 14. To the best of my example, my name, a mother's maiden name 	e anyone to use my name or pe ces described in this report. any benefit, money, goods or se documents (for example, driver' were: stolen lost on or about knowledge and belief, the follo address, date of birth, existing a	ersonal information to seek the money, credit, ervices as a result of the events described in 's license; credit cards; Social Security card;
Name (if known)	Name (if kn	iown)
Address (if known)	Address (if	known)
Phone number(s) (if known)	Phone num	iber(s) (if known)
Additional information	Additional in	nformation

 15. I do NOT know who used my information or identificat loans, goods or services without my knowledge or author 16. Additional comments: (For example, description of the were used or how the identity thief gained access to your 	ization e fraud, which documents or information
(Attach additional pages as necessary)	
 17. (Check only one) I am willing to assist in the prosecution of the person I am NOT willing to assist in the prosecution of the p 18. (Check only one) I am authorizing the release of this information to lar assisting them in the investigation and prosecution of I am NOT authorizing the release of this information assisting them in the investigation and prosecution of I am NOT authorizing the release of this information assisting them in the investigation and prosecution of I am NOT authorizing the release of this information assisting them in the investigation and prosecution of I am NOT authorizing the release of this information assisting them in the investigation and prosecution of I have not reported the events described in this a enforcement agency. The police did not write a report. In the event you law enforcement agency please complete the follow 	berson(s) who committed this fraud. w enforcement for the purposes of of the person(s) who committed this fraud. to law enforcement for the purposes of of the person(s) who committed this fraud. ffidavit to the police or any other law have contacted the police or any other
(Agency #1) (Officer/Agency	personnel taking report)
(Date of Report) (Report number,	if any)
(Phone number) (Email address,	if any)
(Agency #2) (Officer/Agency	personnel taking report)
(Date of Report) (Report number,	if any)

(Phone number)

(Email address, if any)

Name ______ Glendale Police Department Report Number _____

Please indicate the supporting documentation you are able to provide to the companies you plan 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 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.

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 filed with the police or sheriff's department. 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.

Name _____ Glendale Police Department Report Number _____

Certification:

I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit and the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. 1001 or other federal, state or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

(Sia	nature)
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(Date signed)

(Notary)

(My commission expires)

[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 number)

Name	_Glendale Police Department Report Number	<u> </u>
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Completing the 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 attached example.
- If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (NOT the original).

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)

Exam	ple:
_nam	p.o.

Example.				
Example National Bank	01234567-89	Auto Loan	1/5/2002	\$25,500.00
22 Main Street				
Columbus, OH 22722				

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

Billing name:

Billing address:

Account number:

Sample Dispute Letter for Existing Accounts

Date

Your Name Your Address Your City, State, Zip Code Your Account Number

Name of Creditor Billing Inquiries Address City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute a fraudulent (charge or debit) on my account in the amount of \$_____. I am a victim of identity theft, and I did not make this (charge or debit). I am requesting that the (charge be removed or the debit reinstated), that any finance and other charges related to the fraudulent amount be credited to my account and that I receive a corrected statement.

Enclosed are copies of (use this sentence to describe any enclosed information, such as a police report or Identity Theft Affidavit) supporting my position. Please investigate this matter and correct the fraudulent (charge or debit) as soon as possible.

In addition, pursuant to FACTA, as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below). In addition, please make these records available to the Glendale Police Department upon their request.

Sincerely, Your name Enclosures: (List what you are enclosing.)

Sample Dispute Letter

Date Your Name Your Address, City, State, Zip Code

Complaint Department Name of Company Address City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute the following information in my file. I have circled the items I dispute on the attached copy of the report I received. This item (identify item(s) disputed by name of source, such as creditors or tax court, and identify type of item, such as credit account, judgment, etc.) is (inaccurate or incomplete) because (describe what is inaccurate or incomplete and why). I am requesting that the item be removed (or request another specific change) to correct the information. Enclosed are copies of (use this sentence if applicable and describe any enclosed documentation, such as a police report, Identity Theft Affidavit, payment records, court documents) supporting my position. Please reinvestigate this (these) matter(s) and (delete or correct) the disputed item(s) as soon as possible. In addition, pursuant to FACTA, as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below. In addition, please make these records available to the Glendale Police Department upon their request.

Sincerely, Your name Enclosures: (List what you are enclosing.)

Fair and Accurate Credit Transactions Act of 2003 PUBLIC LAW 108-159 DECEMBER 4, 2003 SEC. 151. SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS

(a) IN GENERAL-

(1) SUMMARY- Section 609 of the Fair Credit Reporting Act (15 U.S.C. 1681g) is amended by adding at the end the following:

` (d) SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS-

` (1) IN GENERAL- The Commission, in consultation with the Federal banking agencies and the National Credit Union Administration, shall prepare a model summary of the rights of consumers under this title with respect to the procedures for remedying the effects of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor.

` (2) SUMMARY OF RIGHTS AND CONTACT INFORMATION- Beginning 60 days after the date on which the model summary of rights is prescribed in final form by the Commission pursuant to paragraph (1), if any consumer contacts a consumer reporting agency and expresses a belief that the consumer is a victim of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor, the consumer reporting agency shall, in addition to any other action that the agency may take, provide the consumer with a summary of rights that contains all of the information required by the Commission under paragraph (1), and information on how to contact the Commission to obtain more detailed information.

` (e) INFORMATION AVAILABLE TO VICTIMS-

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(A) the victim;

` (B) any Federal, State, or local government law enforcement agency or officer specified by the victim in such a request; or

`(C) any law enforcement agency investigating the identity theft and authorized by the victim to take receipt of records provided under this subsection.

` (2) VERIFICATION OF IDENTITY AND CLAIM- Before a business entity provides any information under paragraph (1), unless the business entity, at its discretion, otherwise has a high degree of confidence that it knows the identity of the victim making a request under paragraph (1), the victim shall provide to the business entity--

(A) as proof of positive identification of the victim, at the election of the business entity--

(i) the presentation of a government-issued identification card;

(ii) personally identifying information of the same type as was provided to the business entity by the unauthorized person; or

` (iii) personally identifying information that the business entity typically requests from new applicants or for new transactions, at the time of the victim's request for information, including any documentation described in clauses (i) and (ii); and

(B) as proof of a claim of identity theft, at the election of the business entity--

(i) a copy of a police report evidencing the claim of the victim of identity theft; and

` (ii) a properly completed--

` (I) copy of a standardized affidavit of identity theft

developed and made available by the Commission; or

` (II) an affidavit of fact that is acceptable to the business entity for that purpose.

` (3) PROCEDURES- the request of a victim under paragraph (1) shall--

`(A) be in writing;

(B) be mailed to an address specified by the business entity, if any; and

`(C) if asked by the business entity, include relevant information about any transaction alleged to be a result of identity theft to facilitate compliance with this section including--

` (i) if known by the victim (or if readily obtainable by the victim), the date of the application or transaction; and

(ii) if known by the victim (or if readily obtainable by the victim), any other identifying information such as an account or transaction number.

` (4) NO CHARGE TO VICTIM- Information required to be provided under paragraph (1) shall be so provided without charge.

` (5) AUTHORITY TO DECLINE TO PROVIDE INFORMATION- a business entity may decline to provide information under paragraph (1) if, in the exercise of good faith, the business entity determines that--

(A) this subsection does not require disclosure of the information;

(B) after reviewing the information provided pursuant to paragraph

(2), the business entity does not have a high degree of confidence in knowing the true identity of the individual requesting the information;

(C) the request for the information is based on a misrepresentation of fact by the individual requesting the information relevant to the request for information; or

` (D) the information requested is Internet navigational data or similar information about a person's visit to a website or online service.

Name	Glendale Police Department Report Number

Identity Theft File Consent Document

By signing this document, I hereby provide the Glendale Police Department permission to enter my personal information into the Federal Bureau of Investigation's (FBI) Identity Theft File as well as the Arizona Criminal Information Center (ACIC) Identity Theft File. This information may include, but not limited to, physical descriptors and identifying information including my name, date of birth, place of birth, social security number, they type of identity theft, and a password provided to me for future identification verification purposes. I am also providing permission to enter my photograph and fingerprints into this file when that capability becomes available.

I understand that this information is being submitted as part of a criminal investigation in which I was a victim and will be available to entities having access to the Federal Bureau of Investigation's National Crime Center (NCIC) files for any authorized purpose. I am providing this data voluntarily as a means to memorialize my claim of identity theft and to obtain a unique password to be used for future identity verification purposes.

I understand that the FBI intends to remove this information from their respective active files no later than five years from date of entry. I understand that I may at any time submit a written request to the entering agency to have this information removed from the active file at an earlier date. I further understand that information removed from the active file will not thereafter be accessible via NCIC terminals, but it will be retained by the FBI as a record of the NCIC entry until such time as its deletion may be authorized by the National Archives and Records Administration (NARA).

I understand that this is a legally binding document reflecting my intent to have personal data entered into the FBI's Identity Theft File. I declare under penalty of perjury that the foregoing is true and correct. (See 28 U.S.C. § 1746)

SIGNATURE

DATE

PRINTED NAME

The Privacy Act of 1974 (5 United States Code § 552a) requires that Federal, state, or local agencies inform individuals whose social security number is being requested whether such disclosure is mandatory or voluntary, the basis of authority for such solicitation, and the uses which will be made of it. Accordingly, disclosure of your social security number if voluntary; it is requested pursuant to 28 U.S.C. § 534 for the purpose described above. The social security number will be used as an identification tool; consequently, failure to provide the number may result in a reduced ability to make such identifications or provide future identity verifications.

Name	Glendale Police Department Report Number
NCIC/AC	IC ID Theft Detailed Information Form
1. My full legal name is (First) (Mi 2. I am Male Female	ddle) (Last) (Jr., Sr., III)
3. My race is	
4. My place of birth was	
5. My date of birth is	(month/day/year)
6. My height is	
7. My weight is	
8. My eye color is	
9. My hair color is	
10. My social security number is _	
11. I was a victim of	(what type of crime; i.e. ID Theft etc.)
12. I would like my password to be	9

(Your password cannot be longer than 20 characters and should be something you can remember if you are asked to provide it to law enforcement)