

ID Theft Affidavit

Victim Information

- (1) My full legal name is Self Explanatory
(First) (Middle) (Last) (Jr., Sr., III)
- (2) (If different from above) When the events described in this affidavit took place, I was known as
Only complete if applicable
(First) (Middle) (Last) (Jr., Sr., III)
- (3) My date of birth is Self Explanatory
(day/month/year)
- (4) My Social Security number is Self Explanatory
- (5) My driver's license or identification card state and number are Self Explanatory
- (6) My current address is Self Explanatory
City Self Explanatory State Self Explanatory Zip Code Self Explanatory
- (7) I have lived at this address since Self Explanatory
(month/year)
- (8) (If different from above) When the events described in this affidavit took place, my address was
Only complete if applicable
City _____ State _____ Zip Code _____
- (9) I lived at the address in Item 8 from _____ until _____
Only complete if applicable (month/year) (month/year)
- (10) My daytime telephone number is (____) Self Explanatory
My evening telephone number is (____) _____

**DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER
GOVERNMENT AGENCY**

How the Fraud Occurred

Check all that apply for items 11 - 17:

Check all that apply below "items 11 thru 19"

- (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 Only complete if applicable
(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:

Only complete if applicable	Only complete if applicable
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 were used or how the identity thief gained access to your information.)

Only complete if applicable

(Attach additional pages as necessary.)

DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER GOVERNMENT AGENCY

Victim's Law Enforcement Actions

(17) (check one) I am am not willing to assist in the prosecution of the person(s) who committed this fraud.

(18) (check one) I am am not 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 this fraud.

(19) (check all that apply) I have have not reported the events described in this affidavit to the police or other law enforcement agency. The police did did not write a report. *In the event you have contacted the police or other law enforcement agency, please complete the following:*

Make sure to complete this section with the information from the police report you filed

Check these boxes if you filed a police report "recommended"

(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)

Documentation 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.

Check both and make sure to include with your submitted documents

(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).

DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER GOVERNMENT AGENCY

(22) A copy of the report you 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.

Include a copy of your Police Report and check this box "recommended if you want the best results"

Signature

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.

Only sign and date when you are in front of a notary. You must have this notarized to obtain the best results

(Notary)

[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)

DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER GOVERNMENT AGENCY

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).

Check This Box

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 <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>
Example Example National Bank 22 Main Street Columbus, Ohio 22722	01234567-89	auto loan	01/05/2002	\$25,500.00
Creditor Account Name that is a result of Identity Theft. List each separately	That Creditor's Acct #	Was it a Credit Card, auto loan (if known)	when was acct. opened (if known)	How much was the bill they ran-up?
Make sure to list each and every creditor that is a result of Identity Theft. It is very important to list them here because not doing so will prevent you from getting it removed from your credit report. I am also going to include an extra sheet on the "Blank" ID Theft Affidavit located at www.edwardjamison.com/identitytheft in the event you have more than 2 fraudulent accounts.				

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

Billing name _____

Billing address _____

Account number _____

Only check the box and complete this section if you had an account with any of the creditors at the time the fraud occurred, otherwise do not check the box and do not complete this section.

DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER GOVERNMENT AGENCY