RICHARD CORDRAY, OHIO ATTORNEY GENERAL

## Instructions for Completing the ID Theft Affidavit

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 ID 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:

- ID Theft Affidavit is where you report general information about yourself and the theft.
- Fraudulent Account Statement 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

When you send the affidavit to the companies, attach copies (NOT originals) of any supporting documents (e.g., driver's license, 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.

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.

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 described. 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.

Send the appropriate documents to each company by certified mail, return receipt requested, so you can prove that they were received.

The companies will review your claim and send you a written response telling you the outcome of their investigation. 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.

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



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

- Each of the three national consumer reporting agencies listed below. Ask each agency to place a "fraud alert" on your credit report and send 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 and 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
     www.equifax.com
  - Experian Information Solutions, Inc. (888) 397-3742
     TDD: (800) 972-0322
     P.O. Box 9530
     Allen, TX 75013
     www.experian.com
  - TransUnion
     (800) 680-7289
     TDD: (877) 553-7803
     Fraud Victim Assistance Division P.O. Box 6790
     Fullerton, CA 92634-6790
     www.transunion.com

- 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 can't get a copy, at least get the number of the report.
- 4. The Federal Trade Commission (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 www.consumer.gov/idtheft 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.

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# IDENTITY THEFT AFFIDAVIT

## VICTIM INFORMATION

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:		Mo	onth/Day/Year		
4.	My Social Security number is:					
5.	My driver's license or state identific	ation card nu	ımber is:			
6.	My current address is:					
	Street	City			State	ZIP
7.	I have lived at this address since:		Mo	onth/Day/Year		
8.	(If different from above) When the events described in this affidavit took place, my address was:					
	Street	City			State	ZIP
9.	I lived at the address in Item 8 from		Month/Year	_ until		Month/Year
10.	My daytime telephone number is: (_		)			
	My evening telephone number is: (_		)			

Name			Phone Number	_ Page 2		
		Hown	THE FRAUD OCCURRED			
Check	all th	nat apply for items 11-16:				
11.		I did not authorize anyone to us goods or services described in the	se my name or personal information to seek the money, cre his report.	dit, loans,		
12.		I did not receive any benefit, mo	ney, goods or services as a result of the events described in	this report.		
13.		My identification documents (for rity card, etc.) were:	or example, credit cards, birth certificate, driver's license, S	ocial Secu-		
		☐ Stolen				
		☐ Lost				
		On, or about: Month	n/Year			
14.		address, date of birth, existing a	d belief, the following person(s) used my information (e.g., maccount numbers, Social Security number, mother's maider get money, credit, loans, goods or services without my known	name, etc.)		
		Name (if known)	Name (if known)			
		Address (if known)	Address (if known)			
		Phone number(s) (if known)	Phone number(s) (if known)			
		Additional information	Additional information			
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 (e.g., description of the fraud, which specific documents or information used or how the identity thief gained access to your information).				

(Attach additional pages as necessary.)

Name	9		Phone Number	Page 3
		Victim's Law E	NFORCEMENT ACTIONS	
17	7. (ch€	eck one)  I am  I am NOT willing to assist in the prosecution of the	the person(s) who committed this fraud.	
18	8. (ch€	eck one)  I am  I am NOT authorizing the release of this information the investigation and prosecution of the	ntion to law enforcement for the purpose of person(s) who committed this fraud.	of assisting them in
19	9. (ch€	eck all that apply)  I have  I have NOT reported the events described in this a	offidavit to the police or other law enforcer	ment agency.
		The police  did  did NOT write a report.  In the event you have contacted the police or	other law enforcement agency, please comple	te the following:
		Agency #1	(Officer/agency personnel taking report)	
		(Date of report)	(Report number, if any)	
		(Phone number)	(E-mail address, if any)	
		Agency #2	(Officer/agency personnel taking report)	
		(Date of report)	(Report number, if any)	
		(Phone number)	(E-mail address, if any)	
		Docu	MENTATION	
		ndicate the supporting documentation your ies (NOT originals) to the affidavit before s	u are able to provide to the companies yo ending it to the companies.	u plan to notify.
20.		ID card, or your passport). If you are un	oto-identification card (e.g., your driver's der 16 and don't have a photo ID, you ma fficial school records showing your enrolls	y submit a copy of
21.		• •	isputed bill occurred, the loan was made out in your name, a copy of a utility bill or a	
22.		A copy of the report you filed with the p	police or sheriff's office. If you are unable to dicate that in Item 19. Some companies or ay want to check with each company.	

Name	Phone Number	Page 4
	Signature	
I declare, under penalty of pethe best of my knowledge.	erjury, that the information I have provided in this affida	vit is true and correct to
(Signature)	(Date Signed)	
Knowingly submitting fals perjury.	e information on this form could subject you to crim	ninal prosecution for
(Notary)		
	v. Creditors sometimes require notarization. If they constant you completed and signed this affidavit.]	lo not, please have one
Witness:		
(Signature)	(Printed Name)	
(Date)	(Telephone Number)	

Name	Phone Number Page						
Fr	AUDULENT A	Account Stat	EMENT				
Completing this Stateme	ent						
I declare (check all that	apply):						
As a result of the e	event(s) described in	the <i>Identity Theft Affidavit</i> , vithout my knowledge, po cuments:	_				
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):			
EXAMPLE: Example National Bank 22 Main Street Columbus, OH 22722	01234567-89	auto loan	01/05/2002	\$25,500			
company:		bove, I had the following	•	with your			
Billing address:	Billing address:						
Account number:							

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