

# Identity Theft Affidavit

## About You- ID Theft Victim

Full legal name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  

First
Middle
Last
Suffix
If Applicable

Date of birth: \_\_\_\_\_ Last 4 digits of your Social Security # \_\_\_\_\_  
mm/dd/yyyy

Current street address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Contact phone #: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

## About the Fraudulent Account

\_\_\_\_\_ Name of Institution Account Number

\_\_\_\_\_ Date Fraud was Discovered Total Amount Obtained

- This account was opened fraudulently
- This was an existing account that was fraudulently accessed

## Declarations

I did <input type="checkbox"/>	I did not <input type="checkbox"/>	authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services – or for any other purpose – as described in this report.
I did <input type="checkbox"/>	I did not <input type="checkbox"/>	receive any money, goods, services, or other benefit as a result of the events described in this report.
I am <input type="checkbox"/>	I am not <input type="checkbox"/>	willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

### Additional Information About the Fraud

Who may have committed the theft, how they gained access to your information, other accounts opened, inaccurate personal information, etc.: \_\_\_\_\_

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### Your Law Enforcement Report

Take this form to your local law enforcement office, along with your supporting documentation to file an ID Theft Report. **The below information must be completed.** Attach a copy of any confirmation letter or official law enforcement report you receive.

Select ONE:

- I have not filed a law enforcement report.
- I was unable to file any law enforcement report.
- I filed an automated report with the law enforcement agency listed below.
- I filed my report in person with the law enforcement officer and agency listed below.

\_\_\_\_\_  
Law Enforcement Dept

\_\_\_\_\_  
State

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Report Number (**Required**)

\_\_\_\_\_  
Filing Date (mm/dd/yyyy)

\_\_\_\_\_  
Officer's Name (please print)

\_\_\_\_\_  
Officer's Badge Number

\_\_\_\_\_  
Officer's Signature

Did the Victim receive a copy of the report?

Yes  No

## Signature

**You must sign IN THE PRESENCE OF one of the following:**

- a law enforcement officer
- a notary
- a witness

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 understand the information contained in this document 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 statements or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Notary

**Witness or Law Enforcement:**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)