

ID 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 _____
(day/month/year)
- (4) My Social Security number is _____
- (5) My driver's license or identification card state and number are _____
- (6) My current address is _____
City _____ State _____ Zip Code _____
- (7) I have lived at this address since _____
(month/year)
- (8) (If different from above) When the events described in this affidavit took place, my address was _____
City _____ State _____ Zip Code _____
- (9) I lived at the address in Item 8 from _____ until _____
(month/year) (month/year)
- (10) My daytime telephone number is (____) _____
My evening telephone number is (____) _____

Name _____

Phone number _____

Page _____

How the Fraud Occurred

Check all that apply for items 11 - 17:

- (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 _____
(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:

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.)

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:*

(Agency #1)

Cleveland Co. Sheriff's Office
(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.

- (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).