





(B) Additional Suspect Name \_\_\_\_\_  
First Middle Last Jr., Sr., III

Suspect Address \_\_\_\_\_  
Number & Street Name Apartment, Suite, etc.

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

Suspect Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Suspect Date of Birth: \_\_\_\_\_

Suspect Social Security Number: \_\_\_\_\_

Additional information about this suspect: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(15) The identity theft first occurred (i.e., when the first account was opened or the first fraudulent charge was made) on \_\_\_\_\_.  
mm/dd/yy

(16) I first discovered that my personal information had been used by someone else on or about \_\_\_\_\_.  
mm/dd/yy

(17) To the best of my knowledge, \_\_\_\_\_ accounts (credit cards, loans, bank accounts, cellular phone accounts, etc.) were opened or accessed.  
Number of accounts

(18) As a result of the identity theft, I have had to pay \_\_\_\_\_.  
Dollar Amount

(19) To the best of my knowledge, the identity thief obtained \_\_\_\_\_ using my personal information.  
Dollar Amount

(20) To the best of my knowledge, the identity thief obtained my personal information in the following manner (select only one):

Financial or employment records compromised/pretexting	<input type="checkbox"/>
Internet — solicitation, purchase, or hacking	<input type="checkbox"/>
Mail theft or fraudulent address change	<input type="checkbox"/>
Telephone solicitation	<input type="checkbox"/>
Burglary or Break-in	<input type="checkbox"/>
Wallet or purse containing ID lost or stolen	<input type="checkbox"/>
Other	<input type="checkbox"/>

(21) Additional Information

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**Fraudulent or Misused Information or Accounts**

(22) In my credit report, this personal information is inaccurate:

- (A) \_\_\_\_\_
- (B) \_\_\_\_\_
- (C) \_\_\_\_\_
- (D) \_\_\_\_\_

(23) Below are details about the different frauds committed using my personal information:

(A) Institution \_\_\_\_\_

Type of Account	New/Existing Account	Other ID Theft	Date Issued or Misused
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Amount	Credit Limit (\$)	Contact Person	Contact Phone + Ext.
Account Number:			

(B) Institution \_\_\_\_\_

Type of Account	New/Existing Account	Other ID Theft	Date Issued or Misused
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Amount	Credit Limit (\$)	Contact Person	Contact Phone + Ext.
Account Number:			

(C) Institution \_\_\_\_\_

Type of Account	New/Existing Account	Other ID Theft	Date Issued or Misused
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Amount	Credit Limit (\$)	Contact Person	Contact Phone + Ext.
Account Number:			

(24) These companies requested my credit report without my knowledge:

Company Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_

**Documentation**

(25) I will provide the following supporting documentation to the law enforcement department I notify. (Check either or both)

- My government-issued identification information (select one): \_\_\_\_\_  \_\_\_\_\_
- Proof of residency during the time the 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)

**Automated Report Information - If No In-person Reporting Is Available**

**Complete this section ONLY IF your local law enforcement does not take identity theft reports in person.**

(26) Check either or both:

- I was unable to get an in-person law enforcement report.
- I filed an automated report with the following law enforcement agency:

Agency \_\_\_\_\_ Report Number \_\_\_\_\_ Filing Date (mm/dd/yy) \_\_\_\_\_

Are you attaching a filing confirmation?  Yes  No

**Law Enforcement Report Information**

**Complete this section with the assistance of law enforcement when you file your report, in person. Please print.**

Law Enforcement Department \_\_\_\_\_ State \_\_\_\_\_ Report Number \_\_\_\_\_ Report Date (mm/dd/yy) \_\_\_\_\_

Agency Organization Code (ORI) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone \_\_\_\_\_ Universal Report # \_\_\_\_\_

Copy of Report Given to Victim?  Yes  No

Officer Name \_\_\_\_\_ Officer Signature \_\_\_\_\_ Badge # \_\_\_\_\_

**Affidavit Signature**

**Sign and date below *ONLY AFTER* you have filed your report with law enforcement.**

I certify that, to the best of my knowledge and belief, all of the information on and attached to this Affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains will 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.

\_\_\_\_\_  
Signature

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