

**Adams County Sheriff's Office**  
**Identity Theft Victim Packet**  
Case number \_\_\_\_\_

This packet has been designed to assist victims of Identity Theft in restoring their identity and credit. This packet also includes information that will allow you to obtain records and documents related to fraudulent transactions that are needed for law enforcement to investigate the theft and for the District Attorney's Office to successfully prosecute the offender(s). You will need to keep track of your case number as creditors, financial institutions and credit reporting bureaus will ask for it.

**Law enforcement can not begin an investigation without the document evidence.** The nature of Identity Theft requires the victim to be more active than victims of more traditional crimes in the collection of evidence. You will need to complete the dispute letters and provide us with the necessary documentation. Please **write your case number** on any documents and correspondence you send us to ensure the information is added to the correct file. It is difficult to identify suspects in identity theft cases. **However, it is important to note that even if the suspect can not be identified, it will not affect your ability to correct the fraudulent accounts and remove them from your credit history.**

**TIPS**

- **DO NOT GIVE UP.** Resolving problems caused by Identity Theft can take weeks or months and several contacts before they are resolved. You may need to retain an attorney IF creditors or reporting agencies are not cooperating with your efforts.
- Start a file in which to keep all your records, document and correspondence copies, etc. Keep all files even if you believe the matter is resolved. Once a case is resolved, most stay resolved, however problems can occur at a later date and you will want your records.
- Use a log to assist you in organizing your contacts. Write down all dates, times, names and contact numbers of all individuals you talk to regarding the identity theft and correction of your credit.
- **DO NOT** provide creditors or merchants with originals. Keep copies of everything you provide to creditors or companies involved in the identity theft.
- Each creditor has different policies and procedures in correcting fraudulent accounts. They may accept a standard affidavit or require one specifically designed by them.
- Use certified mail, return receipt requested, when mailing information.

**Traffic / Criminal summons or arrest-** if you suspect your information has been used by someone when they received a summons or were arrested you will need to file a report with the Agency that issued the summons or arrested the suspect. Do not complete this packet.

**Employment Fraud-** if you believe someone is using your information to obtain employment **DO NOT CONTACT THE EMPLOYER**, as they may terminate or otherwise notify the suspect.

**Residential Rental Fraud-** if you believe your information has been used to obtain rental housing **DO NOT CONTACT THE LANDLORD OR MANAGER** as they may start eviction proceedings or otherwise warn the offender.

**\*\*\*SEE SECTION ON DOCUMENTARY EVIDENCE AND THE SAMPLE DISPUTE LETTERS AT THE END OF THE PACKET\*\*\***

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**FINANCIAL INSTITUTIONS**

Contact your bank and other financial institutions in which you have banking or credit accounts that you believe may have been compromised or accounts that have been opened fraudulently.

1. Call each company that you believe has accounts that have been used fraudulently. Follow up in writing and send copies of supporting documents, **DO NOT SEND THE ORIGINALS**. Send letters by certified mail, return receipt requested so you can document that the company received them.
  2. Close all accounts that have been compromised. Open new accounts using a password or PIN that is different from the compromised account(s).
  3. Put stop payments on any checks you did not authorize
  4. Call all companies in which unauthorized accounts have been opened and notify them of the identity theft. Follow up in writing sent certified mail, return receipt requested.
  5. Once you have resolved your identity theft dispute with the company, request a letter stating that the company has closed the disputed accounts and has discharged the fraudulent debts.
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**CREDIT BUREAUS**

1. Contact all three (3) major credit reporting bureaus

**Equifax:** 1-800-525-6285; [www.equifax.com](http://www.equifax.com); P.O. Box 740241, Atlanta, GA 30374-0241

**Experian:** 1-888-EXPERIAN (397-3742); [www.experian.com](http://www.experian.com); P.O. Box 9532, Allen, TX 75013

**TransUnion:** 1-800-680-7289; [www.transunion.com](http://www.transunion.com); Fraud Victim Assistance Division, P.O. Box 6790, Fullerton, CA 92834-6790

2. Request that a "Fraud Alert" or "Credit Freeze" be placed on your file.

**Fraud Alert** – The most widely used tool against fraud in a credit report. Fraud Alert notifies potential credit grantors to take additional precautionary steps prior to extending credit. Any consumer has the ability to add a fraud alert free of charge to their credit report. There are three forms of fraud alert:

- Initial Alert – remains on credit report for 90 days
- Extended Alert – remains on credit report for 7 years. In order to obtain an extended alert there must be evidence of victimization, such as a police report
- Military Alert – available for all military personnel who are on active duty. Remains on credit report for 1 year.



**Credit Freeze** – allows consumers to “lock up” their credit report, making it impossible for criminals and the consumer to open new accounts without a temporary unlock or “thaw”. Victims of identity theft in Colorado may place a freeze without charge. Credit bureaus may charge for the each temporary lift of the freeze, currently about \$10-12.00. Colorado is one of 40 states that allow freezes, however the debate continues on whether a credit freeze is the best answer in anything but the most extreme cases. A credit freeze must be placed in writing on forms provided by the individual credit bureau. The credit report may be released to some parties such as child support enforcement agencies, law enforcement, etc. See the Colorado Consumer Credit Report Act or the Attorney General’s website, <http://www.ago.state.co.us/idtheft/securityfreeze.cfm>, for additional information.

3. Follow instructions given by the credit bureau regarding resolving any disputed entries.
4. Once you file a fraud alert or credit freeze you are entitled to order free copies of your credit report if you are an identity theft victim. You can also request that only the last 4 digits of your Social Security number appear on your credit reports.
5. Continue to check your credit reports periodically, particularly for the first year after the discovery of the identity theft. Take immediate action on any new fraudulent information.

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### **FILE A REPORT WITH THE FEDERAL TRADE COMMISSION**

The Federal Trade Commission (FTC) maintains an Identity Theft Data Clearing House. The FTC shares this data with law enforcement, other government agencies, credit bureaus and merchants to assist in the identification of identity thieves and examination of identity theft crimes to develop prevention and detection techniques. Many credit bureaus and merchants will accept the FTC’s Identity Theft Affidavit for verification of your complaint.

<http://www.ftc.gov/bcp/edu/microsites/idtheft/>

1-877-438-4338 (1-877-ID-THEFT) TTY 1-866-653-4261

Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW,  
Washington, DC 20580

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### **GET A COPY OF YOUR POLICE REPORT**

Personnel of the Records Section of the Adams County Sheriff’s Office are authorized to release copies of reports. No other member of the Sheriff’s Office is authorized to release a report. Victims are allowed one (1) free copy of their report. To obtain a copy of the report:

1. Call the Records Section at 720-322-1313 two to three days after you filed the initial report to find out if the report is available for release.
2. Once you are advised your report is available you will need to come in to the Records Section in person. You must have positive identification with a photo to prove you are the victim. The Records Section is located at 4201 E 72<sup>nd</sup> Ave in Commerce City. As you enter the main lobby the 3 windows on your right is the Records Section.

## **OBTAIN COPIES OF ALL RELATED DOCUMENTS**

Contact all companies or institutions that provided credit or opened unauthorized accounts for the suspect(s). Some examples include banks, mortgage companies, utility and phone companies, credit card issuers, etc. Provide the company with a completed ID Theft Affidavit, a Letter of Dispute, and a copy of the Fair Credit Reporting Act. You must send a letter of dispute to EVERY CREDITOR involved in the identity theft.

You will find a sample dispute letter and a copy of the pertinent sections of the Fair Credit Reporting Act at the end of this packet. You may also find sample letters and suggestions on the websites listed at the end of the packet.

The Fair Credit Reporting Act allows a victim of identity theft to obtain copies of ANY AND ALL records related to the fraudulent accounts. You are permitted to provide a copy of all records you receive to law enforcement. The law also allows the victim to request the records be made available to the investigating law enforcement agency. Exercising your rights under this law speeds up the investigative process and eliminates the often lengthy process of obtaining multiple Court Orders for the same information. Law enforcement agencies and victims have found it useful for identity theft victims to include a copy of the law with the submission of the letter of dispute.

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## **SUBMIT COMPLETED VICTIM STATEMENT AND ALL INFORMATION AND RECORDS TO THE SHERIFF'S OFFICE**

To avoid confusion and ensure all items are forwarded appropriately we request that if at all possible you submit everything at once. We request that you avoid sending the documents separately as you receive them. **BE SURE TO PUT YOUR CASE NUMBER ON THE TOP OF ALL DOCUMENTS YOU SUBMIT.** Types of documentary evidence that may be needed are listed below. This is not an all inclusive list but simply a guide.

The information can be hand delivered or mailed to:

Adams County Sheriff's Office  
ATTN: Detective Division – Identity Theft Unit  
4201 E 72<sup>nd</sup> Avenue, Suite C  
Commerce City, CO 80022

**\*\*\*\* You will be contacted by a Detective only if clarification is needed or if the information leads to the development and/or identification of a suspect. You will be notified if the case is filed with the District Attorney's Office for prosecution. You will be needed to testify in Court at certain hearings and trial(s)\*\*\*\***



## **DOCUMENTARY EVIDENCE**

This is a list of the type of documents that are needed to begin an investigation. The Sheriff's Office requires the ORIGINAL DOCUMENT for evidence if it is available. The list does not include all the types of documents that may be obtained but should give you an idea of the type and nature of evidence needed. The creditor or company can also tell you what types of documentation they keep. The victim of the identity theft should obtain the information using the letter sent to the company/creditor disputing the account/transactions and requesting all documentation related to the disputed transactions or accounts.

**EXISTING ACCOUNTS**- obtain the following types of documents if your existing account has been compromised:

1. Statements or bills showing when and where the transactions occurred
  - Circle or underline the fraudulent transactions
  - DO NOT USE A HIGHLIGHTER. A highlighter may make it impossible to make a legible copy of the document
  - Attempt to obtain a physical address for the transaction from the bank or merchant
2. Documentation of where delivery of merchandise was made
3. Any phone numbers, physical addresses, IP addresses, e-mail addresses, etc. associated with the disputed transactions
4. Any information from the creditor that shows how or where the account was used
5. The name and phone number of any and all representatives from the business that you deal with

**NEW ACCOUNTS** – obtain the following documents if an account has been opened without your authorization

1. Statements or collection notices that you have received for accounts that are not yours
2. Credit reports showing the accounts that are not yours
  - Circle or underline the fraudulent transactions
  - DO NOT USE A HIGHLIGHTER. A highlighter may make it impossible to make a legible copy of the document
3. Bills and account statements from utility companies, phone companies, creditors, financial institutions, etc. for accounts you did not authorize
  - Letters or documentation that contain copies of account applications
  - How the account was opened ( in person, over the phone, internet, mail)
  - Where the account was opened if done in person
  - Address where any cards, bills, merchandise or correspondence was mailed
  - Address where any service was established or performed

- Any phone numbers, physical addresses, IP addresses, e-mail addresses, etc. associated with the account
4. The name and phone number of any and all representatives from the business that you deal with

EMPLOYMENT FRAUD – if you suspect someone is using your Social Security Number to obtain employment contact the Social Security Administration  
Local Office – Social Security, 14280 E Jewell Ave Suite 250, Aurora CO 80012.

1-800-722-1213, TTY 1-800-325-0778

[www.ssa.gov](http://www.ssa.gov)

- Obtain a copy of your Personal Earnings and Benefit Estimate Statement (PEBES) and check it for accuracy
- Obtain a stamped Social Security Verification Letter verifying that the Social Security Number is issued to you
- Any document that brought your attention that your identity may be being used including, but not limited to, IRS notice of taxes owed for a job you did not hold.

## HELPFUL WEB SITES AND REFERENCES

You Are Not Alone. There are numerous agencies, publications and web sites out there for you to reference. This section lists some that law enforcement and victims have found to be extremely useful. There are articles, fact sheets and sample letters for you to use in educating yourself and fighting effectively to get your life back. Lastly, DO NOT GIVE UP.

**FEDERAL TRADE COMMISSION** -- FTC is the Federal agency tasked with the issues of Identity Theft. We recommend you file a report with the FTC in addition to your police report. Publications are available from FTC and are also viewable in .PDF format online. A wealth of information and assistance.

<http://www.ftc.gov/bcp/edu/microsites/idtheft/>

1-877-ID-THEFT (438-4338); TTY: 1-866-653-4261

Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580.

**COLORADO ATTORNEY GENERALS OFFICE** -- Public website of the Colorado AG's Office. Has a dedicated ID Theft page. The AG's Office also publishes an Identity Theft Repair Kit available on-line and at various outlets. Information pertaining exclusively to Colorado victims can be found here.

<http://www.ago.state.co.us/index.cfm>

Colorado Attorney Generals Office, 1525 Sherman Street, 7<sup>th</sup> Floor, Denver CO 80203

**IDENTITY THEFT RESOURCE CENTER** - Identity Theft Resource Center® (ITRC) is a nonprofit, nationally respected organization dedicated exclusively to the understanding and prevention of identity theft. The ITRC provides consumer and victim support as well as public education. The ITRC also advises governmental agencies, legislators, law enforcement, and businesses about the evolving and growing problem of identity theft.

You will find templates for letters and fact sheets to assist you in clearing your credit and regaining your identity.

<http://idtheftcenter.org/>

### **Victim/Consumer:**

If you believe you are a victim of identity theft and would like our assistance please send us an email at [Victims@idtheftcenter.org](mailto:Victims@idtheftcenter.org) or call the ITRC Victim Assistance Center (858) 693-7935

**PRIVACY RIGHTS CLEARINGHOUSE** - The Privacy Rights Clearinghouse (PRC) is a nonprofit consumer organization with a two-part mission -- consumer information and consumer advocacy. It was established in 1992 and is based in San Diego, California. It is primarily grant-supported and serves individuals nationwide.

You will find templates for letters and fact sheets to help guide you through the process.

<http://www.privacyrights.org/identity.htm>

Privacy Rights Clearinghouse

3100 - 5<sup>th</sup> Ave., Suite B

San Diego, CA 92103

Phone: (619) 298-3396

Fax: (619) 298-5681 (The PRC does not accept unsolicited ads.)

Web: <http://www.privacyrights.org>



**CREDIT BUREAUS**- These are the 3 major credit bureaus you will be dealing with

Equifax: 1-800-525-6285; [www.equifax.com](http://www.equifax.com); P.O. Box 740241, Atlanta, GA 30374- 0241  
Experian: 1-888-EXPERIAN (397-3742); [www.experian.com](http://www.experian.com); P.O. Box 9532, Allen, TX 75013  
TransUnion: 1-800-680-7289; [www.transunion.com](http://www.transunion.com); Fraud Victim Assistance Division, P.O.  
Box 6790, Fullerton, CA 92834-6790

**ANNUAL CREDIT REPORT.com** — The only on-line credit report source authorized by the credit bureaus. You are entitled to a free credit report each year. In effect, if you get a credit report once a year from each of the major credit bureaus you can space them out and receive a free report every 4 months.

<https://www.annualcreditreport.com>

Annual Credit Report Request Service

P.O.Box 105281

Atlanta, GA 30348-5281

1-877-322-8228



## Sample Dispute Letter for Existing Accounts

*Date*

*Your Name*

*Your Address*

*Your City, State, Zip Code*

*Your Account Number*

*Name of Creditor*

*Billing Inquiries*

*Address*

*City, State, Zip Code*

Dear Sir or Madam:

I am writing to dispute a fraudulent (*charge or debit*) on my account in the amount of \$\_\_\_\_\_. I am a victim of identity theft, and I did not make this (*charge or debit*). I am requesting that the (*charge be removed or the debit reinstated*), that any finance and other charges related to the fraudulent amount be credited, as well, and that I receive an accurate statement.

Enclosed are copies of (*use this sentence to describe any enclosed information, such as a police report*) supporting my position. Please investigate this matter and correct the fraudulent (*charge or debit*) as soon as possible.

In addition, pursuant to the Fair and Accurate Credit Transaction Act (FACTA) and the Fair Credit Reporting Act (FCRA) as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent transaction. The copies of the records can be (*mailed to me at the address listed below or faxed to the number listed below*). In addition, please make these records available to law enforcement upon their request.

Sincerely,

*Your name*

Enclosures: (*List what you are enclosing.*)

## Sample Blocking Letter Consumer Reporting Company

*Date*

*Your Name*

*Your Address*

*Your City, State, Zip Code*

*Complaint Department*

*Name of Consumer Reporting Company*

*Address*

*City, State, Zip Code*

Dear Sir or Madam:

I am a victim of identity theft. I am writing to request that you block the following fraudulent information in my file. This information does not relate to any transaction that I have made. The items also are circled on the attached copy of the report I received. *(Identify item(s) to be blocked by name of source, such as creditors or tax court, and identify type of item, such as credit account, judgment, etc.)*

Enclosed is a copy of the law enforcement report regarding my identity theft. Please let me know if you need any other information from me to block this information on my credit report.

Sincerely,

Your name

Enclosures: *(List what you are enclosing.)*



## Sample Dispute Letter for Unauthorized Accounts

*Date*

*Your Name*

*Your Address*

*Your City, State, Zip Code*

*Name of Creditor*

*Address*

*City, State, Zip Code*

*RE: ( insert Disputed Account Number)*

Dear Sir or Madam:

I am writing to dispute an account opened fraudulently in my name. I am a victim of identity theft, and I did not open account number *(number of fraudulent account)*. I am not responsible for any charges made to this account.

Enclosed are copies of *(use this sentence to describe any enclosed information, such as police report, ID Theft Affidavit, Request for Fraudulent Account Information forms)* supporting my position.

In addition, pursuant to the Fair and Accurate Credit Transaction Act (FACTA) and the Fair Credit Reporting Act (FCRA) as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account. The copies of the records can be *(mailed to me at the address listed below or faxed to the number listed below)*. In addition, please make these records available to law enforcement upon their request.

Sincerely,

*Your name*

Enclosures: *(List what you are enclosing.)*





**FAIR CREDIT REPORTING ACT**  
Section 609 Disclosure to Consumers (15 U.S.C. 1681g)

(d) Summary of Rights of Identity Theft Victims

(1) *In general.* The Commission, in consultation with the Federal banking agencies and the National Credit Union Administration, shall prepare a model summary of the rights of consumers under this title with respect to the procedures for remedying the effects of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor.

(2) *Summary of rights and contact information.* Beginning 60 days after the date on which the model summary of rights is prescribed in final form by the Commission pursuant to paragraph (1), if any consumer contacts a consumer reporting agency and expresses a belief that the consumer is a victim of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor, the consumer reporting agency shall, in addition to any other action that the agency may take, provide the consumer with a summary of rights that contains all of the information required by the Commission under paragraph (1), and information on how to contact the Commission to obtain more detailed information.

(e) Information Available to Victims

(1) *In general.* For the purpose of documenting fraudulent transactions resulting from identity theft, not later than 30 days after the date of receipt of a request from a victim in accordance with paragraph (3), and subject to verification of the identity of the victim and the claim of identity theft in accordance with paragraph (2), a business entity that has provided credit to, provided for consideration products, goods, or services to, accepted payment from, or otherwise entered into a commercial transaction for consideration with, a person who has allegedly made unauthorized use of the means of identification of the victim, shall provide a copy of application and business transaction records in the control of the business entity, whether maintained by the business entity or by another person on behalf of the business entity, evidencing any transaction alleged to be a result of identity theft to--

- (A) the victim;
- (B) any Federal, State, or local government law enforcement agency or officer specified by the victim in such a request; or
- (C) any law enforcement agency investigating the identity theft and authorized by the victim to take receipt of records provided under this subsection.

(2) *Verification of identity and claim.* Before a business entity provides any information under paragraph (1), unless the business entity, at its discretion, otherwise has a high degree of confidence that it knows the identity of the victim making a request under paragraph (1), the victim shall provide to the business entity—

(A) as proof of positive identification of the victim, at the election of the business entity--

- (i) the presentation of a government-issued identification card;
- (ii) personally identifying information of the same type as was provided to the business entity by the unauthorized person; or
- (iii) personally identifying information that the business entity typically requests from new applicants or for new transactions, at the time of the victim's request for information, including any documentation described in clauses (i) and (ii); and

(B) as proof of a claim of identity theft, at the election of the business entity--

- (i) a copy of a police report evidencing the claim of the victim of identity theft; and

(ii) a properly completed--

(I) copy of a standardized affidavit of identity theft developed and made available by the Commission; or

(II) an affidavit of fact that is acceptable to the business entity for that purpose.

(3) *Procedures.* The request of a victim under paragraph (1) shall--

(A) be in writing;

(B) be mailed to an address specified by the business entity, if any; and

(C) if asked by the business entity, include relevant information about any transaction alleged to be a result of identity theft to facilitate compliance with this section including--

(i) if known by the victim (or if readily obtainable by the victim), the date of the application or transaction; and

(ii) if known by the victim (or if readily obtainable by the victim), any other identifying information such as an account or transaction number.

(4) *No charge to victim.* Information required to be provided under paragraph (1) shall be so provided without charge.

(5) *Authority to decline to provide information.* A business entity may decline to provide information under paragraph (1) if, in the exercise of good faith, the business entity determines that--

(A) this subsection does not require disclosure of the information;

(B) after reviewing the information provided pursuant to paragraph (2), the business entity does not have a high degree of confidence in knowing the true identity of the individual requesting the information;

(C) the request for the information is based on a misrepresentation of fact by the individual requesting the information relevant to the request for information; or

(D) the information requested is Internet navigational data or similar information about a person's visit to a website or online service.





CR # \_\_\_\_\_

**Adams County Sheriff's Office  
Identity Theft Victim Statement**VICTIM FULL LEGAL NAME \_\_\_\_\_  
First Middle Last Sr., Jr. IIILEGAL NAME AT TIME OF OCCURRENCE \_\_\_\_\_  
First Middle Last Sr., Jr. IIIDATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
Month / Day / Year

DRIVERS LICENSE OR IDENTIFICATION CARD NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

OTHER STATES I HAVE HAD IDENTIFICATION ISSUED FROM \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
Street Number City State ZipI HAVE LIVED AT THIS ADDRESS SINCE \_\_\_\_\_  
Month/YearPHONE NUMBER(S) \_\_\_\_\_  
Daytime Evening Cell

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS WHEN THE EVENTS OCCURRED (if different than current address)

\_\_\_\_\_  
Street Number City State ZIPI LIVED AT THIS ADDRESS FROM \_\_\_\_\_ TO \_\_\_\_\_  
Month / Year Month / Year**TYPES OF IDENTITY THEFT YOU HAVE EXPERIENCED (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Credit Cards                     | <input type="checkbox"/> Checking or Savings Accounts    | <input type="checkbox"/> Loans              |
| <input type="checkbox"/> Phone or Utilities               | <input type="checkbox"/> Securities or other Investments | <input type="checkbox"/> Internet or E-Mail |
| <input type="checkbox"/> Government Documents or Benefits | <input type="checkbox"/> Employment                      | <input type="checkbox"/> Other              |

**DETAILS OF THE IDENTITY THEFT**Did you authorize anyone to use your name, personal information or financial information to obtain cash, credit, property, services or any other thing of value or to make a financial payment? ☐ YES ☐ NODid you receive any benefit, money, goods or services as a result of the events described? ☐ YES ☐ NOYour personal or financial information documents (for example checks, credit cards, driver's license, Social Security card, etc.) were: ☐ STOLEN ☐ LOST on or about \_\_\_\_\_

Month / Day / Year

When did you notice you might be a victim of Identity Theft? \_\_\_\_\_

Month / Day / Year

When did the Identity Theft first occur (i.e. first account opened)? \_\_\_\_\_

Month / Day / Year

How many accounts (credit cards/loans/bank accounts/phone accounts/etc.) were opened or accessed? \_\_\_\_\_

How much money, if any, have you had to pay? \$ \_\_\_\_\_

How much money, if any, did the identity thief obtain from companies in your name? \$ \_\_\_\_\_

**How did the identity thief obtain the personal information?**

- |  |   |
|--|---|
| <input type="checkbox"/> Burglary or Break In                          | <input type="checkbox"/> Financial or Employment Records Compromised / Pretexting |
| <input type="checkbox"/> Had access through a relationship with victim | <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"/> Wallet or purse containing ID lost or stolen  | <input type="checkbox"/> Other (describe in comment field)                        |

**What other problems, if any, have you experienced as a result of the identity theft?**

- |   |   |
|---|---|
| <input type="checkbox"/> No other harm suffered   | <input type="checkbox"/> Civil Suit Filed or Judgment Entered Against You |
| <input type="checkbox"/> Criminal Investigation, Arrest or Conviction                                 | <input type="checkbox"/> Denied Credit or other Financial Services        |
| <input type="checkbox"/> Denied Employment or Loss of Job   | <input type="checkbox"/> Harassed by Debt Collector or Creditor           |
| <input type="checkbox"/> Time Lost to Resolve Problems (describe and specify amount in comment field) |   |
| <input type="checkbox"/> Other (describe in comment field on page 5)                                  |   |

**DO YOU SUSPECT OR KNOW WHO IS RESPONSIBLE FOR THE THEFT AND TRANSACTIONS?**

☐ Yes ☐ No

NAME \_\_\_\_\_

☐ Male ☐ Female Age \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (S) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

NAME \_\_\_\_\_

☐ Male ☐ Female Age \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (S) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

**INACCURATE INFORMATION ON CREDIT REPORT (Name / SSN / DOB / etc.) other than accounts**

**Please indicate which of the following steps, if any, you have already taken to deal with the Identity Theft with the following credit bureaus (check all that apply):**

- |                                  |                                  |                                   |                                      |                                |                               |
|----------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--------------------------------|-------------------------------|
| Called to report the fraud       | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> Trans Union | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| Put a Fraud Alert on your report | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> Trans Union | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| Ordered a credit report          | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> Trans Union | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| Problem with a credit Bureau?    | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> Trans Union | <input type="checkbox"/> Other | <input type="checkbox"/> None |



**COMPANIES THAT REQUESTED YOUR CREDIT REPORT WITHOUT YOUR KNOWLEDGE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL COMPANIES** - List companies/organizations where fraudulent accounts were established or your current accounts were affected.

**COMPANY NAME** \_\_\_\_\_  
**ACCOUNT NUMBER** \_\_\_\_\_  
**COMPANY ADDRESS** \_\_\_\_\_  
**CONTACT PERSON** \_\_\_\_\_  
**CONTACT PHONE / FAX / E-MAIL** \_\_\_\_\_  
**TYPE OF ACCOUNT** (*Credit Card, Checking/Savings Account, Loans, Phone/Utilities, Securities/ Investment, Internet / E-Mail, Government Documents/Benefits, Other*) \_\_\_\_\_  
**DATE ISSUED or MISUSED** \_\_\_\_\_

Month / Day / Year

**AMOUNT THIEF OBTAINED \$** \_\_\_\_\_ **CREDIT LIMIT (s) \$** \_\_\_\_\_

**HAVE YOU NOTIFIED THIS COMPANY?** ☐ YES ☐ NO

**HAVE YOU SENT WRITTEN NOTIFICATION TO THIS COMPANY?** ☐ YES ☐ NO

**COMPANY NAME** \_\_\_\_\_  
**ACCOUNT NUMBER** \_\_\_\_\_  
**COMPANY ADDRESS** \_\_\_\_\_  
**CONTACT PERSON** \_\_\_\_\_  
**CONTACT PHONE / FAX / E-MAIL** \_\_\_\_\_  
**TYPE OF ACCOUNT** (*Credit Card, Checking/Savings Account, Loans, Phone/Utilities, Securities/ Investment, Internet / E-Mail, Government Documents/Benefits, Other*) \_\_\_\_\_  
**DATE ISSUED or MISUSED** \_\_\_\_\_

Month / Day / Year

**AMOUNT THIEF OBTAINED \$** \_\_\_\_\_ **CREDIT LIMIT (s) \$** \_\_\_\_\_

**HAVE YOU NOTIFIED THIS COMPANY?** ☐ YES ☐ NO

**HAVE YOU SENT WRITTEN NOTIFICATION TO THIS COMPANY?** ☐ YES ☐ NO

**COMPANY NAME** \_\_\_\_\_  
**ACCOUNT NUMBER** \_\_\_\_\_  
**COMPANY ADDRESS** \_\_\_\_\_  
**CONTACT PERSON** \_\_\_\_\_  
**CONTACT PHONE / FAX / E-MAIL** \_\_\_\_\_  
**TYPE OF ACCOUNT** (*Credit Card, Checking/Savings Account, Loans, Phone/Utilities, Securities/Investment, Internet / E-Mail, Government Documents/Benefits, Other*) \_\_\_\_\_  
**DATE ISSUED or MISUSED** \_\_\_\_\_

Month / Day / Year

**AMOUNT THIEF OBTAINED \$** \_\_\_\_\_ **CREDIT LIMIT (s) \$** \_\_\_\_\_

**HAVE YOU NOTIFIED THIS COMPANY?** ☐ YES ☐ NO

**HAVE YOU SENT WRITTEN NOTIFICATION TO THIS COMPANY?** ☐ YES ☐ NO



**EMPLOYERS WHERE PERSONAL INFORMATION WAS MISUSED:**

EMPLOYER NAME \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_  
EMPLOYER CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF EMPLOYMENT: From \_\_\_\_\_ to \_\_\_\_\_  
INFORMATION THAT WAS MISUSED: ☐ Social Security Number ☐ Name ☐ Date of Birth  
☐ Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_  
EMPLOYER CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF EMPLOYMENT: From \_\_\_\_\_ to \_\_\_\_\_  
INFORMATION THAT WAS MISUSED: ☐ Social Security Number ☐ Name ☐ Date of Birth  
☐ Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_  
EMPLOYER CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF EMPLOYMENT: From \_\_\_\_\_ to \_\_\_\_\_  
INFORMATION THAT WAS MISUSED: ☐ Social Security Number ☐ Name ☐ Date of Birth  
☐ Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Date \_\_\_\_\_

