



CR# _____

Adams County Sheriff's Office

Identity Theft Victim Statement

VICTIM FULL LEGAL NAME _____
First Middle Last Sr., Jr. III

LEGAL NAME AT TIME OF OCCURRENCE _____
First Middle Last Sr., Jr. III

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ (Please do not fill out.)
Month/Day/Year

DRIVERS LICENSE OR IDENTIFICATION CARD NUMBER _____ STATE _____

OTHER STATES I HAVE HAD IDENTIFICATION ISSUED FROM _____

CURRENT ADDRESS _____
Street Number City State Zip

I HAVE LIVED AT THIS ADDRESS SINCE _____
Month/Year

PHONE NUMBER(S) _____
Daytime Evening Cell

EMAIL ADDRESS _____

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

Street Number City State Zip

I LIVED AT THIS ADDRESS FROM _____ TO _____
Month/Day/Year Month/Day/Year

TYPES OF IDENTITY THEFT YOU HAVE EXPERIENCED (Check all that apply)

- CREDIT CARD
- CHECKING OR SAVINGS ACCOUNT
- LOANS
- PHONE OR UTILITIES
- SECURITIES OR OTHER INVESTMENTS
- INTERNET OR EMAIL
- GOVERNMENT DOCUMENTS OR BENEFITS
- EMPLOYMENT
- 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 NO

Did you receive any benefit, money, goods or services as a result of the events described? YES NO

Your 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 theft obtain from companies in your name? \$ _____

How did the identity thief obtain the personal information?

- Burglary or Break In
- Had access through a relationship with victim
- Mail Theft or Fraudulent address change
- Wallet or purse containing ID lost or Stolen
- Financial or Employment Records Compromised/Pretexting
- Internet – Solicitation, Purchase or Hacking
- Telephone Solicitation
- Other (describe in comment field)

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

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

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) _____

EMAIL ADDRESS _____

RELATIONSHIP _____

ADDITIONAL INFORMATION _____

NAME _____

Male Female Age _____

DATE OF BIRTH _____

ADDRESS _____

PHONE(S) _____

EMAIL 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 following credit bureaus (check all that apply):

Called to report the fraud	<input type="checkbox"/> Equifax	<input type="checkbox"/> Experian	<input type="checkbox"/> TransUnion	<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"/> TransUnion	<input type="checkbox"/> Other	<input type="checkbox"/> None
Ordered a credit report	<input type="checkbox"/> Equifax	<input type="checkbox"/> Experian	<input type="checkbox"/> TransUnion	<input type="checkbox"/> Other	<input type="checkbox"/> None
Problem with a credit Bureau?	<input type="checkbox"/> Equifax	<input type="checkbox"/> Experian	<input type="checkbox"/> TransUnion	<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/EMAIL _____
TYPE OF ACCOUNT (*Credit Card, Checking/Savings Account, Loans, Phone/Utilities, Securities/Investment, Internet/Email, 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

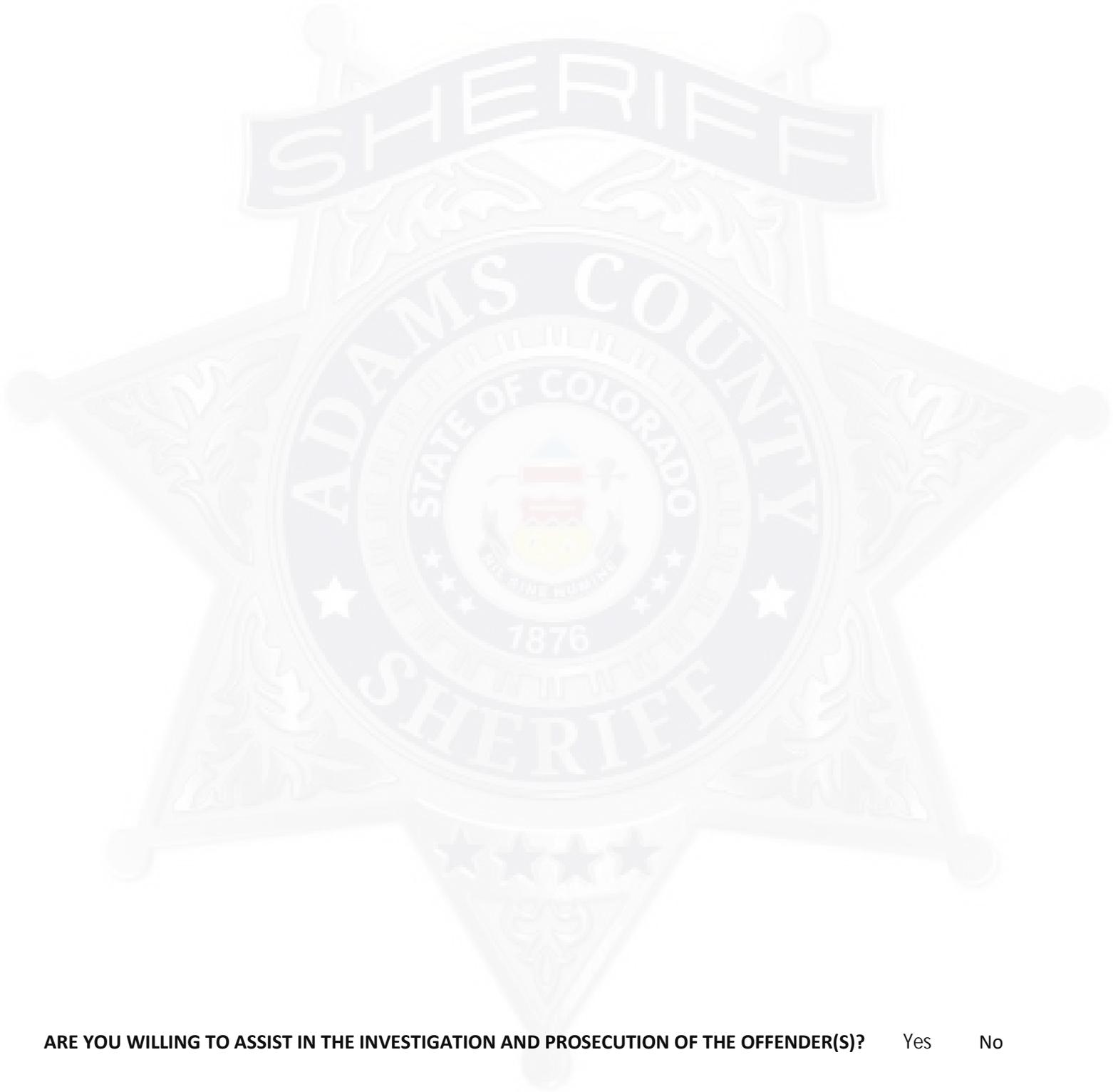
COMPANY NAME _____
ACCOUNT NUMBER _____
COMPANY ADDRESS _____
CONTACT PERSON _____
CONTACT PHONE/FAX/EMAIL _____
TYPE OF ACCOUNT (*Credit Card, Checking/Savings Account, Loans, Phone/Utilities, Securities/Investment, Internet/Email, Government Documents/benefits, Other*) _____
DATE ISSUED or MISUSED _____
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)

Describe the identity theft, including, but not limited to how the theft occurred, how you learned about the theft, who may be responsible and what actions you have taken since the theft. Please briefly describe any problems you have had with companies/employers involved.



ARE YOU WILLING TO ASSIST IN THE INVESTIGATION AND PROSECUTION OF THE OFFENDER(S)? Yes No

Signature

Date