

**IDENTITY THEFT AFFIDAVIT**

**PART I - Victim Information**

1. My full legal name is:

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2. (If different) When the events described in this affidavit took place, I was known as:

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3. My date of birth is: \_\_\_\_\_

4. My Social Security number is: \_\_\_\_\_

5. My driver's license or identification card state and number are: \_\_\_\_\_

6. My current address is:

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7. I have lived at this address since: \_\_\_\_\_

8. My previous address was:

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9. I lived at my previous address from: \_\_\_\_\_ until: \_\_\_\_\_

10. My daytime telephone number is: \_\_\_\_\_

11. My evening telephone number is: \_\_\_\_\_

**Part II – How the Fraud Occurred**  
**Check All That Apply for Questions 12 - 17**

12. ☐ 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.

13. ☐ I did not receive any benefit, money, goods or services as a result of the events described in this report.

14. ☐ My identification documents (for example, credit cards; birth certificate. driver's license; Social Security card; health insurance card etc.) were:

☐ stolen

☐ lost

on or about: \_\_\_\_\_

15. ☐ 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):
Street Address (if known):	Street Address (if known):
City, State, Zip Code (if known):	City, State, Zip Code (if known):
Phone Number (if known):	Phone Number (if known):

16. ☐ 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.

17. ☐ Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

Enter comments and additional information here

### **Part III – Victim’s Law Enforcement Actions**

18. ☐ I am willing to assist in the prosecution of the person(s) who committed this fraud.
19. ☐ I authorize the release of this information to law enforcement for the purpose of assisting them in the investigation and the prosecution of the person(s) who committed this fraud.

20. (check all that apply)

☐ I have ☐ have not reported the events described in this affidavit to the police or other law enforcement agencies.

The police ☐ did ☐ did not write a report.

In the event you have contacted the police or any law enforcement agency, please complete the following:

Agency #1	Agency #2
Officer/personnel taking report	Officer/personnel taking report
Date of Report	Date of Report
Report Number	Report Number
Telephone Number	Telephone Number
Email	Email

**PART V - Signature**

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge. I understand that making a false and/or misleading statement as sworn in this affidavit may subject me to various local, state or federal statutes and may be punishable by fines and/or imprisonment.

As signed by me: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public

**Note: This affidavit must be SIGNED and NOTARIZED and presented as an ORIGINAL Document (No photocopies can be accepted). One affidavit must be completed for each unauthorized withdrawal.**