# IDENTITY THEFT AFFIDAVIT

\*COMPLETE THE ENCLOSED AFFIDAVIT AND MAINTAIN THE ORIGINAL FOR FUTURE RECORD.

\*PROVIDE A COPY TO THE CRANBERRY TOWNSHIP POLICE DEPARTMENT UPON COMPLETION.

\*DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER GOVERNMENT AGENCY

### Instructions for

## **Completing the ID Theft Affidavit**

To make certain that you do not become responsible for the debts incurred by the identity thief, you must provide proof that you did not create the debt to each of the companies where accounts were opened or used in your name.

A working group composed of credit grantors, consumer advocates and the Federal Trade Commission (FTC) developed this ID Theft Affidavit to help you report information to many companies using just one standard form. Use of this affidavit is optional. While many companies accept this affidavit, others require that you submit more of different forms. Before you send the affidavit, contact each company to find out if they accept it.

You can use this affidavit where a **new account** was opened in your name. The information will enable the companies to investigate the fraud and decide the outcome of your claim. (If someone made unauthorized charges to an existing account, call the company to find out what to do.)

This affidavit has two parts:

- **ID Theft Affidavit** is where you report general information about yourself and the theft.
- **Fraudulent Account Statement** is where you describe the fraudulent account(s) opened in your name. Use a separate Fraudulent Account Statement for each company you need to write to.

When you send the affidavit to the companies, attach copies (**NOT** originals) of any supporting documents (e.g., driver's license, police report) you have.

Before submitting your affidavit, review the disputed account(s) with family member or friends who may have information about the account(s) or access to them.

Complete this affidavit as soon as possible. Many creditors ask that you send it within two weeks of receiving it. Delaying could slow the investigation.

**Be as accurate and complete as possible.** You may choose not to provide some of the information requested. However, incorrect or incomplete information will slow the process of investigating your claim and absolving the debt. Please print clearly.

When you have finished completing the affidavit, mail a copy to each creditor, bank or company that provided the thief with the unauthorized credit, goods or services you describe. Attach to each affidavit a copy of the Fraudulent Account Statement with information only on accounts opened at the institution receiving the packet, as well as any other supporting documentation you are able to provide.

Send the appropriate documents to each company by certified mail, return receipt requested, so you can prove that it was received. The companies will review your claim and send you a written response telling you the outcome of their investigation. Keep a copy of everything you submit for your records.

If you cannot complete the affidavit, a legal guardian or someone with power of attorney may complete it for you. Except as noted, the information you provide will be used only by the company to process your affidavit, investigate the events you report and help stop further fraud. If this affidavit is requested in a lawsuit, the company might have to provide it to the requesting party.

Completing this affidavit does not guarantee that the identity thief will be prosecuted or that the debt will be cleared.

If you have not already done so, report the fraud to the following organizations:

1. Each of the three **national consumer reporting agencies**. Ask each agency to place a "fraud alert" on your credit report and send you a copy of your credit file. When you have completed your affidavit packet, you may want to send them a copy to help them investigate the disputed accounts.

### **Equifax Credit Information Services, Inc.**

(800) 525-6285 (Hearing impaired call 1800-255-0056 and ask the operator to call the Auto Disclosure Line at 1-800-685-1111 to obtain a copy of your report.)
P.O. Box 740241, Atlanta, Ga 30374-0241
www.equifax.com

### **Experian Information Solutions, Inc.**

(888) 397-3742 / TDD (800) 972-0322 P.O. Box 9530, Allen TX 75013 www.experian.com

### Trans Union

(800) 680-7289 / TDD (877) 553-7803 Fraud Victim Assistance Division P.O. Box 6790, Fullerton, CA 92634-6790 www.tuc.com

2. The **fraud department at each creditor, bank, or utility / service** that provided the identity thief with unauthorized credit, goods, or services. This would be a good time to find out if the company accepts this affidavit, and whether they require notarization or a copy of the police report.

- 3. Your local **police department**. Ask the officer to take a report and give you the report number or a copy of the report. When you have completed the affidavit packet, you may want to give your police department a copy to help them add to their report and verify the crime.
- 4. The FTC, which maintains the Identity Theft Data Clearinghouse the federal governments centralized identity theft complaint database and provides information to identity theft victims. You can call toll-free **1-877-ID-THEFT** (**1-877-438-4338**), visit www.consumer.gov/idtheft, or send mail to:

### **Identity Theft Data Clearinghouse**

Federal Trade Commission 600 Pennsylvania Avenue, NW Washington, DC 20580

The FTC collects complaints from identity theft victims and shares their information with law enforcement nationwide. This information also may be shared with other government agencies, consumer reporting agencies, and companies where the fraud was perpetrated to help resolve identity theft related problems.

Name:	Phone number:	Page 1
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# **ID Theft Affidavit**

	(First)	(Middle)	(Last)	(Jr., Sr., III
(If different fro	om above) When the eve	ents described in this a	ffidavit took place, I was	s known as
(First)	(Middle)		(Last)	(Jr., Sr., III
My date of birt	th is(day/month/year)	-		
My social secu	urity number is			
My driver's lic	anna an idantification as	111		
171y dilver 5 lic	cense or identification ca	rd state and number a	re	
•	dress is			
My current add	dress is			
My current add	dress is	State	Zip Code	
My current add City I have lived at	this address since	State(month/year)	Zip Code	
My current add City I have lived at (If different from	this address since	State (month/year) ents described in this a	Zip Code  ffidavit took place, my a	
My current add City I have lived at (If different from the content of the co	this address since om above) When the eve	State(month/year) ents described in this a	Zip Code  ffidavit took place, my a	ddress
My current add  City I have lived at  (If different from the company of the	this address since om above) When the eve	State(month/year) ents described in this aState	Zip Code	ddress

	Phone number:Page 2
the Fraud Occurred	
k all that apply for 11-17	
☐ I did not authorize anyone to us goods or services described in this re	se my name or personal information to seek the money, credit, loans, eport.
☐ I did not receive any benefit, more report.	oney, goods or services as a result of the events described in this
☐ My identification documents (for security car; et.) were ☐ stolen ☐	
example, my name, address, date of	(day/month/year) nd belief, the following persons(s) used my information (for birth, existing account numbers, social security number, mother's documents to get money, credit, loans, goods, or services without
Name (if known)	Name (if known)
Address (if known)	Address (if known)
riddress (ir kilo wii)	
Phone number(s) (if known)	Phone number(s) (if known)
-	Phone number(s) (if known)  Additional information (if known)
Phone number(s) (if known)	
Phone number(s) (if known)  Additional information (if known)	Additional information (if known)  Information or identification documents to get money, credit, loans,
Phone number(s) (if known)  Additional information (if known)  I do NOT know who used my in goods or services without my knowl	Additional information (if known)  Information or identification documents to get money, credit, loans, ledge or authorization.  Imple, description of the fraud, which documents, or information
Phone number(s) (if known)  Additional information (if known)  I do NOT know who used my in goods or services without my knowl  Additional comments: (For example of the comments)	Additional information (if known)  Information or identification documents to get money, credit, loans, ledge or authorization.  Imple, description of the fraud, which documents, or information

Name:	Pi	hone number:	Page 3	
Victin	n's Law Enforcement Actions			
17.	(check one) I am am not willing to this fraud.	assist in the prosecution of the person(s) who com	nmitted	
18.	(check one) I $\square$ am $\square$ 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 n police or other law enforcement agency. The p	ot reported the events described in this affidavit to colice  did did not write a report.	o the	
In th	ne event you have contacted the police or other	law enforcement agency, please complete the follo	wing:	
(Agen	ney #1)	(Officer/Agency personnel taking report)		
(Date	of report)	(Report Number, if any)		
Phone	number	(e-mail address, if any)		
(Agen	ncy #2)	(Officer/Agency personnel taking report)		
(Date	of report)	(Report Number, if any)		
Phone	number	(e-mail address, if any)		
Docui	mentation Checklist			
notify.	Please indicate the supporting documentation y Attach copies (NOT originals) to the affidavit	ou are able to provide to the companies you plan to before sending it to the companies.	0	
20.	state-issued ID card or your passport). If you a	o-identification card (for example, your driver's lice are under 16 and do not have a photo-ID, you may ar official school records showing your enrollment	submit	
21.	• •	outed bill occurred, the loan was made or the other ent in your name, a copy of a utility bill or a copy of		

Name:		Phone number:	Page 4
22.	report or report number from	u filed with the police or sheriff's department. If you and the police, please indicate that in Item 19. Some confithe report. You may want to check with each compare	npanies only need the
Victir	n's Law Enforcement Action	S	
to the l	I declare under penalty of penest of my knowledge.	erjury that the information I have provided in this affid	avit is true and correct
	(signature)	(date signed)	
perjur	<b>.</b> .	e information on this form could subject you to crit	ninal prosecution for
	(Notary)		
witness		Creditors sometimes require notarization. If they do at you completed and signed this affidavit.]	not, please have one
	Witness:		
	(signature)	(printed name)	
	(date)	(telephone number)	

Name:		Phone number:		Page 5
]	Fraudulent A	Account Statement		
	Completin	ng this Statement		
<ul> <li>Make as many copies of this notifying and only send it to</li> <li>List only the account(s) you below.</li> <li>If a collection agency sent y of that document (NOT the</li> </ul>	o that company.  are disputing we you a statement, I	Include a copy of your significant the company receiving	gned affidavit. g this form. Se	e the example
I declare (check all that apply):				
As a result of the events(s) desc at your company in my name withou information or identifying document	t my knowledge		• , ,	•
Creditor Name/Address (the company that opened the account or provided the goods or services)	Account Number	Type of unauthorized credit/goods/services provided by creditor (if known)	Date issued or opened (if known)	Amount/Value provided (the amount charged or the cost of the goods/services)
Example Example National Bank 22 main Street Columbus, Ohio 22722	01234567-89	Auto Loan	01/05/2000	\$25,500.00
During the time of the accounts	described above	e, I had the following acco	ount open with	your company:

Billing address

Account number \_\_\_\_\_