ID THEFT AFFIDAVIT

OFFICE OF ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
SFN 60633 (06/2014)

Victim Information

Full Legal Name				
Name (if different from above) when the events described In this affidavit took place				
Date of Birth	Social Security Number	Driver's License Number or Personal Identification Number	State Issued Number	
Current Address		City	State	ZIP Code
I Have Lived at this Address Since (please include month and year)				
Address (if different from above) when the events described in this affidavit took place		City	State	ZIP Code
I Have Lived at the Above Address From (please include month and yea)				
Daytime Telephone Number (please include area code)		Evening Telephone Number (please include area code)		

In compliance with the Federal Privacy Act of 1974, the disclosure of the individuals social security number on this form is voluntary. The individuals social security number is used for identity theft verification and resolution purposes. Penalty for the applicant not including the social security number on this Affidavit will cause the application to be rejected because third parties will not be able to process the Affidavit without a social security number.

How the Fraud Occurred (check all that apply)

	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.
	I did not receive any benefit, money, goods or services as a result of the events described in this report.
	My identification documents (e.g. credit cards, birth certificate, driver's license, social security card; etc.) were ☐ Lost ☐ Stolen Approximate Date Lost or Stolen (Month/Year)
	To the best of my knowledge and belief, the following person(s) used my information (for example, name, address, date of birth, social security number, existing account numbers, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.

Name (if known)		Telephone Number (if known)	
Address	City	State	ZIP Code
Additional Information (if known)			

Name (if known)		Telephone Number (if known)	
Address	City	State	ZIP Code
Additional Information (if known)			

	I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.

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Required

Provide any information about the crime (for example, how the identity thief gained access to my information, which documents or information were used in the identity theft; what accounts were opened without my authorization):

(Attach additional pages as necessary)

Victim's Law Enforcement Actions

I am willing to assist in the prosecution of the person(s) who committed this fraud.
☐ Yes ☐ No

I am 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. ☐ Yes ☐ No

I have reported the events described in this affidavit to the police or other law enforcement agency.
☐ Yes ☐ No

The police wrote up a report.
☐ Yes ☐ No

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

Agency Name			Officer/Agency Taking Report
Date of Report	Report Number (if any)	Telephone Number	E-Mail Address (if any)
Agency Name			Officer/Agency Taking Report
Date of Report	Report Number (if any)	Telephone Number	E-Mail Address (if any)

Documentation Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan to notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

A copy of a valid government-issued photo-identification card (for example, your driver's license, state issued ID card or your passport). If you are under 16 and don't have a photo ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
☐ Yes ☐ No

Proof of residency during the time the disputed bill occurred, the loan was made, or the other 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).
☐ Yes ☐ No

A copy of the report you filed with the police or sheriff's department. If you are unable to obtain a report or report number from the law enforcement agency, please indicate that in the above section where you filled out the Law Enforcement Agency name. Some companies only need the report number, not a copy of the report. You may want to check with each company.
☐ Yes ☐ No

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Your Signature Must Be Notarized

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.

Signature	Date

State	County

Subscribed to and sworn before me

Date

Signature of Notary Public
Commission Expiration Date

(Seal)

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

For Office Use Only

Date Received and Filed	Document Number
Signature Parrell D. Grossman, Director	

Office of Attorney General
Consumer Protection Division
Gateway Professional Center
1050 E Interstate Ave Suite 200
Bismarck ND 58503-5574
(701) 328-3404

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Fraudulent Account Statement

Completing this Statement

- Make as many copies of this page as you need. Complete a **separate page** for each company you are notifying and **only send it to that company**. Include a copy of your signed affidavit (pages 1-4).
- List only the account(s) you are disputing with the company receiving this form (see example below).
- If a collection agency sent you a letter or notice about the fraudulent account, attach a copy of that document (**NOT** the original).

I declare (check all that apply):

☐ As a result of the events described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission, or authorization using my personal information or identifying documents.

Example

Creditor Name (the company that opened the account or provided the goods/services)		Account Number	
Example National Bank		01-23456-789	
Address	City	State	ZIP Code
22 Sample Street	Bismarck	ND	58505
Type of unauthorized credit/goods or services provided by creditor (if known)	Date Issued or Opened	Amount/Value	
auto loan	1/5/04	$32,700	

Creditor Name (the company that opened the account or provided the goods/services		Account Number	
Address	City	State	ZIP Code
Type of Unauthorized Credit/Goods or Services Provided by Creditor (if known)	Date Issued or Opened	Amount/Value	

Creditor Name (the company that opened the account or provided the goods/services		Account Number	
Address	City	State	ZIP Code
Type of Unauthorized Credit/Goods or Services Provided by Creditor (if known)	Date Issued or Opened	Amount/Value	

☐ During the time of the account(s) described above, I had the following account open with your company.

Billing Name		Account Number	
Billing Address	City	State	ZIP Code

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