Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit ftc.gov/idtheft to use a secure online version that you can print for your records.

Before completing this form:

- 1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
- 2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

| | V | | | | | (2) |
|--------------|-------------------------|----------------|------------------|--------------|------------|--------------------------------|
| (1) | My full legal name: _ | | | | | Leave (3) blank until |
| (-) | | First | Middle | Last | Suffix | you provide |
| (2) | My date of birth: | // | | | | this form to someone with |
| \ | | | | | | a legitimate |
| (3) | My Social Security nu | ımber: | | | | business need like when you |
| (4) | My driver's license: _ | | | | | are filing your |
| | | State | Number | | | report at the police station |
| (5) | My current street ad | dress: | | | | or sending |
| | | | | A | | the form to a credit |
| | Number & Stre | et Name | | Apartment, S | uite, etc. | reporting |
| | City | State | Zip Code | | Country | agency to correct your |
| (1) | • | | · | | Country | credit report. |
| (6) | I have lived at this ad | dress since | mm/yyyy | _ | | |
| (7) | My daytime phone: (|) | | | | |
| | My evening phone: (| | | | | |
| | My email: | | | | | |
| | | | | | | |
| Λ <i>+</i> + | he Time of the Fra | aud | | | | |
| AL L | ile Tillie Of the Tr | auu | | | | Skip (8) - (10) |
| (8) | My full legal name wa | as: | | | | if your |
| | | First | Middle | Last | Suffix | information has not |
| (9) | My address was: | Number & Stree | | | | changed since |
| | | Apartme | ent, Suite, etc. | the fraud. | | |
| | | State | Zip Code | | Country | |
| | City | | | | | |
| (10) | My daytime phone: (| | My av | ening phone: | . (| |

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.

| Victim's Name Phone number () | | | | | Page 2 | | | | |
|-------------------------------|-------|----------------|----------|----------------|-----------------------------------|---|--------------|--------------|--|
| Abo | ut Y | íou (th | e vict | im) (Conti | nued) | | | | |
| <u>Decla</u> | arati | ions | | | | | | | |
| (11) | I | □ did | OR | □ did not | obtain mone | one to use my , credit, loans, e — as describ | goods, o | r services - | |
| (12) | I | □ did | OR | □ did not | • | noney, goods, s events describe | | | enefit as a |
| (13) | I | □ am | OR | □ am not | _ | rk with law enterson(s) who c | | _ | _ |
| Abou | ıt th | ne Fra | ud | | | | | | |
| (14) | | cuments | | • . | used my inform ints, use my ex | | | nit other | (14): Enter what you know about anyone you believe |
| | | Name: | First | | Middle | Last | S | Suffix | was involved (even if you don't have complete |
| | | Address | s: | umber & Street | Name | Apar | tment, Suite | e, etc. | information). |
| | | | City | | State | Zip Code | Countr | у | |
| | | Phone N | Numbe | ers: () | | _ () | | | |
| | | Additio | nal info | ormation abo | ut this person: | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Victim | 's Name | Phone number () | Page 3 |
|--------|---|--|---|
| (15) | Additional information about the crime (for gained access to your information or which used): | • | (14) and (15): Attach additional sheets as needed. |
| Doc | umentation | | |
| | I can verify my identity with these document A valid government-issued photo identificant license, state-issued ID card, or my passpool of you are under 16 and don't have a photo-ID a copy of your official school record showing you acceptable. Proof of residency during the time the disp was made, or the other event took place (fagreement in my name, a utility bill, or an in | tion card (for example, my driver's rt). O, a copy of your birth certificate or our enrollment and legal address is uted charges occurred, the loan for example, a copy of a rental/lease | (16): Reminder: Attach copies of your identity documents when sending this form to creditors and credit reporting agencies. |
| Abo | out the Information or Accounts | | |
| (17) | The following personal information (like my birth) in my credit report is inaccurate as a (A) (B) (C) | result of this identity theft: | er, or date of |
| (18) | Credit inquiries from these companies appetheft: Company Name: Company Name: Company Name: | | |

| Victim's Name | Phone number (|) | Page 4 |
|---|-------------------------------------|------------------|--|
| (19) Below are details about the different frauds | committed using my | personal info | rmation. |
| | | | (19): If there were |
| Name of Institution Contact Person | Phone | Extension | more than three frauds, copy this |
| Account Number Routing Number Account Type: □ Credit □ Bank □ Phone/Utili □ Government Benefits □ Intern | | ` ' | page blank, and attach as many additional copies as necessary. |
| Select ONE: This account was opened fraudulently. This was an existing account that someone Date Opened or Misused (mm/yyyy) Date Discovered (mm/yyyy) | | nt Obtained (\$) | Enter any applicable information that you have, even if it is incomplete or an estimate. If the thief committed two |
| Name of Institution Contact Person | Phone | Extension | types of fraud at one company, list the company twice, giving |
| Account Number Routing Number Account Type: □ Credit □ Bank □ Phone/Utili | | `, | the information about the two frauds separately. |
| ☐ Government Benefits ☐ International Internations ☐ International Inte | | r | Contact Person: Someone you dealt with, whom an investigator can call about this fraud. |
| Date Opened or Misused (mm/yyyy) Date Discovered (m | nm/yyyy) Total Amoun | t Obtained (\$) | Account Number: The number of |
| Name of Institution Contact Person Account Number Routing Number | Phone Affected Chec | Extension | the credit or debit card, bank account, loan, or other account that was misused. |
| Account Type: ☐ Credit ☐ Bank ☐ Phone/Utili | ities □Loan let or Email □ Othel | | Dates: Indicate when the thief began to misuse your information and when you discovered the problem. |
| Date Opened or Misused (mm/yyyy) Date Discovered (m | · | t Obtained (\$) | Amount Obtained: For instance, the total amount |

purchased with the card or withdrawn from the account.

| Victim's Name | Phone number () | Page 5 |
|--|---|--|
| Your Law Enforcement Re | port | |
| (20) One way to get a credit reporelated information from apportant detailed law enforcement repan Identity Theft Report by tatoffice, along with your supportant to get your report person or get a copy of the o | rting agency to quickly block identity theft- earing on your credit report is to submit a bort ("Identity Theft Report"). You can obtain aking this form to your local law enforcement rting documentation. Ask an officer to witness the rest of the information in this section. It's number, whether or not you are able to file in fficial law enforcement report. Attach a copy of icial law enforcement report you receive when | (20): Check "I have not" if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable" if you tried to file a report but law enforcement refused to take it. |
| Select ONE: I have not filed a law e I was unable to file and I filed an automated redeblow. I filed my report in performed to the selection of the se | Automated report: A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a | |
| Law Enforcement Department | State | face-to-face interview with a law enforcement officer. |
| Report Number | Filing Date (mm/dd/yyyy) | |
| Officer's Name (please print) | Officer's Signature | |
| Badge Number | () Phone Number | |

Did the victim receive a copy of the report from the law enforcement officer? \Box Yes OR \Box No

Victim's FTC complaint number (if available):

| Victim | 's Name | Phone number () Page | | |
|--|---|--|--|--|
| C:- | 2241110 | | | |
| | nature oplicable, sign a | late IN THE PRESENCE OF a law enforcement officer, a notary, or | | |
| a wit | | , o. | | |
| (21) I certify that, to the best of my knowledge and belief, all of the information on and attached this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or look law enforcement agencies for such action within their jurisdiction as they deem appropriate understand that knowingly making any false or fraudulent statement or representation to government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both. | | | | |
| Signat | ture | Date Signed (mm/dd/yyyy) | | |
| | | | | |
| You | r Affidavit | | | |
| | you are not res that you submit should also che | rove to each of the companies where the thief misused your information the sible for the fraud. While many companies accept this affidavit, others requierent forms. Check with each company to see if it accepts this form. You a see if it requires notarization. If so, sign in the presence of a notary. If it we one witness (non-relative) sign that you completed and signed this Affidation. | | |
| Notar | у | | | |
| Witne | ess: | | | |
| | | | | |
| Signat | cure | Printed Name | | |
| Date | | Telephone Number | | |

UNIFORM MINOR'S STATUS DECLARATION

This is a voluntary declaration for establishing that a child is a minor. Use it for disputes with credit reporting companies and creditors about identity theft related problems.

ABOUT THE MINOR CHILD

| Full Legal Name | | | | |
|--|---------------------------|--------------------------|---------------|--|
| | First | Middle | Last, Suffix | |
| Date of Birth | | Social Securit | y Number | |
| | mm/dd/yy | | | |
| Current Street Address | | | | |
| | City | State | Zip Code | |
| The child has lived at this address since | | | | |
| | mm/dd/yy | | | |
| All other addresses whe | Te the emiliarias livea w | num the last tive years. | | |
| | | | | |
| | | | | |
| | | | | |
| ABOUT THE PAREI | NT, GUARDIAN, O | OR LEGAL REPRESENTAT | VE | |
| Full Legal Name | | | | |
| | First | Middle | Last, Suffix | |
| Date of Birth | | | | |
| | mm/dd/yy | | | |
| Current Street Address if different from the child's address | | | | |
| | City | State | Zip Code | |
| I have lived at this address since | | | | |
| | mm/dd/yy | | | |
| Daytime Telephone | () | Evening [*] | Telephone () | |

DOCUMENTATION AND SIGNATURE

Attach COPIES, not originals, of the following documents with your Declaration:

- the child's birth certificate or, for an adopted child without a birth certificate, a final adoption proceeding order or certificate
- the child's Social Security card
- your state identification card, like a driver's license or military issued photo identification card that shows your current address
- a utility bill that shows your current address
- for guardians: a copy of the court order or another proof of guardianship or legal representation of the minor.

Sign and date the following paragraph:

I certify that, to the best of my knowledge and belief, all the information on and attached to this declaration is true, correct, and complete and made in good faith. I further certify that I am the parent, adoptive parent, legal guardian, or legal representative of the child named in this declaration. I understand that this declaration or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making a false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. § 1001 or other federal, state, or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

| other federal, state, or local criminal statutes, and may result in imposition of a fine or im- | | | | | |
|---|-------------|--|--|--|--|
| | | | | | |
| | | | | | |
| Signature | Date Signed | | | | |
| | | | | | |

CONTACT INFO

CREDIT REPORTING COMPANIES

Equifax

www.equifax.com 1-800-525-6285

Experian

www.experian.com 1-888-397-3742

TransUnion

www.transunion.com 1-800-680-7289

Ask each company for the email or postal mail address for sending dispute or blocking requests.

FEDERAL GOVERNMENT

Federal Communications Commission

For help with telephone service: www.fcc.gov/cgb

1-888-225-5322 1-888-835-5322 (TTY)

Federal Financial Institutions Examination Council

To locate the agency that regulates a bank or credit union:

www.ffiec.gov/consumercenter

Federal Trade Commission

To report identity theft: www.ftc.gov/complaint

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

Internal Revenue Service

Identity Protection Specialized Unit

To report identity theft:

www.irs.gov/identitytheft

1-800-908-4490

Legal Services Programs

To locate a legal services provider:

www.lsc.gov/local-programs/ program-profiles

Social Security Administration

To report fraud:

go to www.socialsecurity.gov and type "Fraud" in the Search box.

1-800-269-0271 1-866-501-2101 (TTY)

U.S. Department of Education

To report fraud:

www.ed.gov/about/offices/list/oig/hotline.html

Or go to www.ed.gov and type "OIG Hotline" in the Search box.

1-800-647-8733

U.S. Department of Justice

To report suspected bankruptcy fraud:

www.justice.gov/ust/eo/fraud

Or send email to USTP.Bankruptcy.Fraud@usdoj.gov

U.S. Postal Inspection Service

To file a complaint:

https://postalinspectors.uspis.gov/contactUs/filecomplaint.aspx

1-877-876-2455

U.S. Postal Service

To place a hold on mail: www.usps.com/holdmail

To locate a post office:

www.usps.com

1-800-275-8777

U.S. Securities and Exchange Commission

To report fraud:

www.sec.gov/complaint/tipscomplaint.shtml

1-800-732-0330

U.S. Department of State

To report a lost or stolen passport: www.travel.state.gov/passport

1-877-487-2778

1-888-874-7793 (TDD/TTY)

OTHER

American Bar Association

To locate state and local bar associations:

www.americanbar.org/groups/bar_services/resources/state_local_bar_associations.html

Certegy

To ask about a declined check:

www.askcertegy.com

1-800-437-5120

National Association of Attorneys General

To find a State Attorney General:

www.naag.org

1-202-326-6000 (Not a toll-free number)

Opt Out

To opt out of prescreened offers of credit or insurance:

www.optoutprescreen.com

1-888-567-8688

Free Annual Credit Reports

To order a free annual credit report:

www.annualcreditreport.com

1-877-322-8228

ChexSystems, Inc.

To report checking accounts opened in your name:

www.consumerdebit.com

1-800-428-9623

National Association of Regulatory Utility Commissioners

To get contact information for a state utility commission:

www.naruc.org/commissions

1-202-898-2200 (Not a toll-free number)

TeleCheck Services, Inc.

To report check fraud:

www.firstdata.com/telecheck

1-800-710-9898

FEDERAL TRADE COMMISSION FTC.GOV/IDTHEFT JANUARY 2012

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