



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 | Financial or Employment Records |
| Had access through a relationship with victim | Compromised/Pretexting |
| Mail Theft or Fraudulent address change | Internet – Solicitation, Purchase, or Hacking |
| Wallet or purse containing ID lost or Stolen | 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 | Harassed by Debt Collector or Creditor |
| Criminal Investigation, Arrest or Conviction | Time Lost to Resolve Problems (describe and specify amount in comment field) |
| Denied Employment or Loss of Job | Other (describe in the final comment field) |
| Civil Suit Filed or Judgement Entered Against You | |
| Denied Credit or other Financial Services | |

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	Equifax	Experian	TransUnion	Other	None
Put a Fraud Alert on your report	Equifax	Experian	TransUnion	Other	None
Ordered a credit report	Equifax	Experian	TransUnion	Other	None
Problem with a credit Bureau?	Equifax	Experian	TransUnion	Other	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 THEY 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 THEY 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: _____

DATES OF EMPLOYMENT: FROM _____ to _____

INFORMATION THAT WAS MISUED: 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 had with companies/employers involved.



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

Signature _____ Date _____