Office of the Attorney General of Virginia



ID THEFT AFFIDAVIT

NAME:		PHONE NO	•					
Victir	n Information:							
(1)	My full legal name is							
	(First)	(Middle)	(Last)(Jr., Sr., III)					
(2)	(If different from above) When the events described in this affidavit took place, I was known as:							
	(First)	(Middle)	(Last)(Jr., Sr., III)					
(3)	My date of birth is:							
	(day/month/year)							
(4)	My Social Security number	is						
(5)	My driver's license or identification card state and number are							
(6)	My current address is							
	City	State	Zip Code					
(7)	I have lived at this address	since(day/month/y						
(8)	(If different from above) When the events described in this affidavit took place, my address was:							
	City	State	Zip Code					
(9)	I lived at the address in #8 f	rom u (month/year)	ntil (month/year)					
(10)	My daytime telephone nun	nber is ()	- 					
	My evening telephone num	nber is ()						
How	the Fraud Occurred: (chec	k all that apply for items 11-16)						
(11)		anyone to use my name or persona vices described in this report.	al information to seek the money, credit,					
(12)	I did not receive an report.	y benefits, money, goods or service	es as a result of the events described in this					

Name:	Phone No						
(13)	My identification documents (for example, credit cards, birth certificate, driver's license, Social Security card, etc.) were:						
	stolen lost on or about						
		(day/month/year)					
(14)	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)					
	Address (if known)	Address (if known)					
	Phone Number(s) (if known)	Phone Number(s) (if known)					
(15)	I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.						
(16)	Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)						
	(Attach additional pages as necessary)						
Victir	n's Law Enforcement Actions:						
(17)	(Check one) I am am not willing to assist in the prosecution of the person(s) who committed this fraud.						
(18)	(Check one) I am 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 not reported the events described in this affidavit to the police or other law enforcement agency. The police did did not write a report.						
In the	event you have contacted the police or other law enforce	ement agency, please complete the following:					
	(AGENCY #1)	(Office/Agency personnel taking report)					
	(Date of Report)	(Report Number, if any)					
	(Phone Number)	(E-Mail address, if any)					

Name:		PHONE No					
Documenta	ation Checklist:						
	ndicate the supporting documentation you are abes (NOT originals) to the affidavit before sending it to	le to provide to the companies you plan to notifiy. o the companies.					
(20)	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 do not 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.						
(21)	Proof of residency during the time the disputed bill occurred, the loan was made, or the other even took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of a insurance bill).						
(22)	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 police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.						
I declare best of my kı		e provided in this affidavit is true and correct to the					
	(signature)	(date signed)					
Knowingly su	ıbmitting false information on this form could subject	you to criminal prosecution for perjury.					
	each company. Creditors sometimes require notarizen below that you completed and signed this affidavi	ration. If they do not, please have one witness (non-t.]					
	(signature)	(printed name)					
	(date)	(telephone number)					
COMMONWI	EALTH OF VIRGINIA						
COUNTY/CIT	Y OF						
The foregoin	ng instrument was acknowledged before me this	day of, 20,					
by							
	(Name of person seeking ackn	owledgment)					
Notary Publi Notary regist My commiss	tration number:						

Name:			Рноме N o	
Fraudulent Account Stateme	ent:			
Completing this Statement				
 Make as many copies of t and only send it to that of 				ach company you are notifying
• List only the account(s) y	you are disputi	ing with the company	receiving this fo	orm. See the example below.
 If a collection agency set that document (NOT the 	•	nent, letter or notice a	bout the fraudu	lent account, attacah a copy of
	(s) described in a name withou	ut my knowledge, pe	-	g account(s) was/were opened horization using my personal
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	0123456-89	Auto Ioan	01/05/2010	\$25,500.00
_			_	nt opened with your company:
Billing name:				
Billing address:				
Account number:				