INITIAL VICTIM OF IDENTITY THEFT STATEMENT AND FRAUDULENT ACCOUNT INFORMATION REQUEST- Credit Issuers or Merchants

Date:_____
Sent certified, return receipt mail: Number _____

TO: [Credit Issuer] FAX

ACCOUNT NO. REFERENCE NO.

FROM: [Your Name]

I have learned that an unauthorized account has been opened with your company or bank. I did not open this account and have not given permission to anyone else to open this account for me. I have not benefited by this account. You shall consider this account to be fraudulent and a case of identity theft.

Below is my identifying information. I have filed a report with my local police department. Under FACTA (effective June 2, 2004) will require compliance with this request within 30 days.

Further, credit issuers must provide that documentation and information to a police agency designated by the impersonated party. I am designating the below named detective(s)/prosecutors as additional recipients of all account information and documents.

Application Records or screen prints of Internet/phone applications
Statements, Billing and Payment Records
Transaction Records/Charge Slips
Log of outgoing calls if a cell phone account or telephone utility
Investigator's Summary
Delivery addresses
Any other documents associated with the account
All records of phone numbers used to activate the account or to access the account

Additionally, I hereby request you immediately start an investigation, and remove any entries of this account, the application or inquiry records and collection notices from my credit report at once. I also wish to speak with a fraud investigator within 30 days about the status of this case. Once resolved, I expect a letter of clearance to be sent to me within 10 days.

Do not sell, distribute, trade, exchange, share, donate, giveaway and/or transfer information about this fraudulent account with any other entity except with the designated law enforcement agencies and prosecutors involved in this case.

Please notify any collection agencies that you may have sent this account to. Please do not assign this account to another collection agency. So far these criminals have stolen approximately $_____ in checks or credit charges in my name. We suspect there will be more until they are caught.

Be advised that reporting these items to the credit bureaus as collection items or continuing to pursue these debts from me would be considered a violation of the Fair Credit Reporting Act.

Victim Information

1. My full legal name is:_____

   (If different from above) When the events described in this affidavit took place, I was known as: _____

2. My birth date is (day/month/year): _____

3. My Social Security number is_____

4. My driver's license or identification card number is: State_____ #_____

5. My current address is: _____

   City: _____ State:_____Zip Code:_____

6. I have lived at this address since _____(month/year)

7. (If different from above) When the events described in this affidavit took place, my address was: _____

   City: _____ State:_____Zip Code:_____

8. I lived at that address from _____ until _____(month/year)

9. My daytime telephone number is (____)_____ Cell (___) _____

10. My evening telephone number is (____)_____

11. My e-mail address is _____

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 (ie., credit cards; birth certificate; driver's license; Social Security card, etc.) ☐ were **stolen** ☐ were **lost** on or about _____(day/month/year)

___ I don't know who the imposter is at this time or how this happened.

___ I have proof that 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 obtain money, credit, loans, goods, or services without my knowledge or authorization: (only fill out if you are certain)

Name (if known)	Name (if known)
Address (if known)	Address (if known)
Phone number(s) (if known)	Phone number(s) (if known)
additional information (e.g. relationship)	additional information (if known)

A report has been made with the following police/sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that by checking here _____. Instead of a police report I filed an official affidavit with the following agency _____ (case #_____)

Name of agency: _____
Case #_____
Name of investigator if known: _____
Contact information for law enforcement: (address/phone)_____
_____

Signature of victim: _____ Date _____

I declare under penalty of perjury that this declaration is true and correct to the best of my knowledge. **Knowingly submitting false information on this affidavit could subject me to criminal prosecution for perjury.**

Have one witness (non-relative) sign below that you completed and signed this declaration.)

Witness:

(signature)	(printed name)
(date)	(telephone number)

List of enclosed documents: