

WALKER COUNTY SHERIFF'S OFFICE 2001 2ND Avenue Jasper, AL 35501 (205) 302-6464

IDENTITY THEFT PACKET INSTRUCTION SHEET

This is an Identity Theft packet that you may fill out. Step by step instructions are as follows:

- 1. Fill out the IDENTITY CRIME INCIDENT FORM.
- 2. Make a copy of this entire Identity Theft packet and return the original to the Sheriff's Office.
- 3. Make a copy of the Police Report and keep for your records.
- 4. Gather documents from the business showing where your identity was used to purchase or obtain a service.
- 5. Obtain credit reports from Experian (1-888-397-3742), TransUnion (1-800-680-7289), and Equifax (1-800-525-6285). Return copies of the credit report with the Identity Theft packet.
- 6. Contact your financial institions (banks, etc.) and make them aware of your situations. Change the passwords of your online accounts.
- 7. Contact the Social Security Administration hotline if your social security number was used to commit the fraud. 1-800-269-0271.
- 8. Fill out the Identity Theft Affidavit that is attached to this packet. Make as many copies as you need and send it to the financial institutions and businesses where you have been victimized.

If you follow the instructions on this page, this should help prevent further acts of fraud against you

If you do not wish to prosecute the suspect who used your identity, you need to still follow the instructions on this page except there is no need to return a copy of this packet to the Sheriff's Office.

This packet consists of the following:

- a. Cover Sheet (1 page)
- b. Identity Theft Affidavit (5 pages)
- c. Annual Credit Report Request Form (1 page)
- d. Identity Crime Incident Detail Form (11 pages)
- e. Contact Sheet for the three credit reporting agencies (1 page)

*Most of the information requested in this form was copied from the United States Secret Service – Identity Crime Resources for Law Enforcement. It was combined into one document for ease of availability.

N T	DI NI I	D 1 C.
Name:	Phone Number:	Page 1 of 5

IDENTITY THEFT AFFIDAVIT

) My full legal name is	(First)	(Middle)	(Last)	(Jr, Sr, III, etc.)
) (If different from abo	ve) When the events	described in this affidate	avit took place, I	was known as:
(First)	(Middle)	(Last)	(Jı	r, Sr, III, etc)
) My date of birth is	(month/day/ye	ar)		
) My Social Security N	Number is :			
) My driver's license of	or ID card Number is	:	State	of Issue:
) My current address i	s			
City:	State	:	_ Zip code:	
) I have lived at this ac	ddress since	(month/year)	_	
) (If different from abo	ove) When the events	described in this affid	lavit took place, r	ny address was:
Address:		City:	State:	Zip Code:
) I lived at the address	in Item #8 from	(month/year)	until	(month/year)
0) My daytime telepho	one number is: (
My evening telepho	one number is : ()		
My work telephone	e number is : (

Name: _		Phone Number: THEFT AFFIDAVIT)	Page 2 of 5
How th	e Fraud Occurred		
Check al	ll that apply for items 11 to 17:		
	I did NOT authorize anyone to use my na services described in this report.	ame or personal information to seek th	ne money, credit, loans,
(12) \square report.	I did NOT receive any benefit, money, go	oods or services as a result of the even	nts described in this
	My identification documents (for example: card, etc) were : \square stolen \square lost on or a		license, social
name, ad etc.) orth	Γο the best of my knowledge and belief, the dress, date of birth, existing account number of following person(s) used my identification without my knowledge, consent, or authorize	ers, social security number, mother's ron documents to get money, credit, loa	ation (for example: my maiden name,
	Name (if known)	Name (if known)	
	Address (if known)	Address (if known)	
	Phone Number(s) (if known)	Phone Number(s) (if k	nown)
	Additional Information (if known)	Additional Information	(if known)
(15) \square goods or	I do NOT know who used my informatio services without my knowledge, consent, or		noney, credit, loans,
(16) \Box used or h	Additional comments: (for example, desnow the identity thief may have gained acce		s or information were
(Attach a	additional pages as necessary – Label them	as ID Theft Affidavit Attachments)	

DO NOT SEND THIS AFFIDAVIT TO THE FTC OR ANY OTHER GOVERNMENTAL AGENCY

Name:	Phone Number:	Page 3 of 5
Victim's Law Enforcement A	ctions	
(17) (check one) I \square am \square anthis fraud.	m NOT willing to assist in the prosecution of the p	person(s) who committed
	m NOT authorizing the release of this information investigation and prosecution of the person(s) who	
police or other law enforcement ager	have NOT reported the events described ncy. The police did did NOT write a rep w enforcement agency, please complete the follow	oort. In the event you
(Agency #1)	(Officer/Agency personnel taking repo	ort)
(Date of report)	(Case Number)	
(Phone number of the agency)	(email address of Officer/Agen	cy, if known)
(Agency #2)	(Officer/Agency personnel taking rep	port)
(Date of report)	(Case Number)	
(Phone number of the agency)	(email address of Officer/Ager	ncy, if known)
Documentation Checklist		
	nentation you are able to provide to the companies report to the affidavit before sending it to the com	
license, state-issued ID card or your	I government-issued-photo-identification card (for passport). If you are under 16 years old and don't certificate or a copy of your official school record f residence.	have a photo-ID,
	ency during the time the disputed bill occurred, the a rental/lease agreement in your name, a copy of a bill)	

Name:	Phone Number:	Page 4 of 5
obtain a report or report number	rt you filed with the police or sheriff's department is atta ber from the police, please indicate that in Item # 19. So nber, not an actual copy of the report. You may want to	ome companies
Signature		
correct, and complete and ma may be made available to fed jurisdiction as they deem app representation to the governm	y knowledge and belief, all the information on and attached in good faith. I also understand that this affidavit or a deral, state, and/or local law enforcement agencies for succeptopriate. I understand that knowingly making any falsement may constitute a violation of 18 United States Code al statutes, and may result in imposition of a fine or impression.	the information it contains ch action within their or fraudulent statement or Section 1001 or other
(signature)	(date signed)	
(Notary Public)	(My Commission Ex	xpires)
(Date)		
± 7	Creditors sometimes require notarization. If they do not tyou completed and signed this affidavit.]	, please have one witness
Witness:		
(printed name)	(signature)	
(date)	(telephone number)	

Name:			Phone Number: _		Page 5 of 5								
	Fraudulent Account Statement												
 Completing this Statement Make as many copies of this page as you need. Complete a separate page for each Company you're notifying and only send it to that company. Include a copy of your signed affidavit. List only the account(s) you're disputing with the company receiving this form. See the example below. If a collection agency sent you a statement, 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 event(s) described in the ID Theft Affidavit, the following account(s) was/were open your company in my name without my knowledge, permission or authorization using my personal information or identifying documents: 													
Creditor Name/Address company that o the account provided the go	s (the opened or	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								
services) (example) Example Nationa 22 Main Street Columbus, Ohio		(example) 01234567-89	(example) Auto loan	(example) 01/05/2002	(example) \$25,000.00								
☐During the tim	ne of the	accounts described	l above, I had the following	ng account open with yo	our company.								

During the time of the	e accounts described above, I had the following account open with your company.
Billing name:	
Billing address:	
Account number: _	

DO NOT SEND THIS AFFIDAVIT TO THE FTC OR ANY OTHER GOVERNMENTAL AGENCY



Annual Credit Report Request Form



You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies - Equifax, Experian and TransUnion.

For instant access to your free credit report, visit www.annualcreditreport.com.

For more information on obtaining your free credit report, visit www.annualcreditreport.com or call 877-322-8228.

Use this form if you prefer to write to request your credit report from any, or all, of the nationwide consumer credit reporting companies.

The following information is required to process your request. Omission of any information may delay your request.

Once complete, fold (do not staple or tape), place into a #10 envelope, affix required postage and mail to: Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281.

Please u					and	write	your r	espon	ses in	PRIN	ITED	CAPIT	ΓAL L	ETTER	S with	hout t		g the	sides	of th	e box	es lik				ted	
below:	A	B	<u>מ</u>	EF	G	H	1	K L	M	ΝО	P	ହ 🏻	₹ \$	Tu	V	w ∥ x	Y Z	<u> </u>	0	۱ [2	3	4 5	6	7 8	9		
Social S	Secu	rity	Nur	nber	:						D	ate d	of Bi	irth:													
		_			-												/										
											M	onth	ᆜ ·		Day	 	- <u> </u>	Y	ear				_				
				Fold	l Her	е															Fo	old He	ere				
First Nam	ne								·										M.I.								
Last Nam	ne								<u> </u>						L									JR, S	SR, III	etc.	
Curre	nt M	laili	ng	Add	res	SS:	1	1	ı	1				ı	1	ı						ı	ı	1	1		- 1
House No	umbe	r			Stre	et Na	ame		i i																		
Apartmer	nt Nui	mber	/ Pri	vate N	lailb	ох							For	Puer	to Ric	co Or	ıly: P	rint L	Jrban	izatio	on Na	ame					
City					l l												State)	Zip	Code			<u>I</u> I				
Previo	SIIC	Mai	ilina	ם Δ ר	ldre	222	(co	mn	lete	on	lv i	f at	CIII	rren	t m	aili	na a	ddr		: fo	r le	ss f	ha	n tw	/O V	ear	s)·
		IVIG				T		<u> </u>		T	<u> </u>	<u> </u>	T		T			uui									
House No	umbe	r			Stre	et N	ame																				Ш
				Fol	d Her																F	old F	lere				
														Τ													
Apartmer	nt Nui	mber	/ Pri	vate N	/lailb	ox							For	Puer	to Ri	co Oı	l nly: P	rint l	Jrban	izati	on N	ame					
City																	State		ZipC	ode							
Shade Circle Like This—>● Not Like This—>※				6	I want a credit report from (shade each that you would like to receive): Equifax					Shade here if, for security reasons, you want your credit report to include no more than the last four digits of your																	
									Ö		eriar nsUn					50	cial S	ecuri	iy Nu	шре							

If additional information is needed to process your request, the consumer credit reporting company will contact you by mail.

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<u>IDENTITY CRIME INCIDENT DETAIL FORM</u> (page 1 of 11)

Please fill out this form and return it to the Police Dept/Sheriff's Dept as soon as possible, or bring it to the meeting with the detective/investigator assigned to your case. The information you provide will be used to understand what occurred, organize the investigative case file, determine where evidence might be found, develop a theory of how the identity crime occurred, and determine what financial institutions should be contacted in the course of the investigation.

Date this form was filled out:	
First Name:	
Middle Name:	
Last Name:	
Social Security Number:	
Driver's License Number:	
Date of Birth:	
Home Address:	
Home Telephone Number:	
Cell Phone Number:	
E-mail Address:	
Employer:	
Work Address: Work Phone:	
1. What is the best time to reach you at home?	
2. How did you become aware of the identity crime?	
found fraudulent charges on my credit card bill Which one?	
found fraudulent charges on my cellular phone bill Which one?	
received bills for an account(s) I did not open Which one?	
found irregularities on my credit report was contacted by a creditor demanding payment Which one?	

<u>IDENTITY CRIME INCIDENT DETAIL FORM</u> (page 2 of 11)

_	W	as contacted by a bank's fraud department regarding charges Which one?
		was denied a loan
		was denied credit
		was arrested, had a warrant issued, or a complaint filed in my name for a crime I did not commit Which one?
		was sued for debt that I did NOT incur Which one?
		was not receiving bills regularly for a legitimate account (bills missing) Which one?
		was denied employment
	h	ad my driver's licenses suspended for actions I did not commit
	re	eceived a legal filing I did not file, such as bankruptcy
	01	ther (Please explain)
	<i>(</i>	3. What date did you first become aware of the identity crime?
		4. When did the freezelent activity having
	2	4. When did the fraudulent activity begin?
		5. What is the full name, address, birth date, and other identifying information that the fraudulent
acti	vity	was made under?
		6. Please list all fraudulent activity that you are aware of to date, with the locations and addresses of where fraudulent applications or purchases were made (retailers, banks, etc.). List in chronological order, if possible. (EXAMPLE), "On 9/18/2002, I received a letter from MM Collections, stating that I had accumulated \$5,000 worth of charges on American Express Account 123456789. On 9/18/2002, I called American Express and spoke with Jennifer Martin. She informed me that the account was opened on 5/12/2002 by telephone. I did not open this account, even though it was in my name. The account address was 123 Main St. Anytown, NE. Ms Martin said she would send me an Affidavit of Forgery to complete and return to her." You may attach a separate piece of paper if you need the space. Please be concise and state the facts.

IDENTITY CRIME INCIDENT DETAIL FORM (page 3 of 11) 7. What documents and identifying information were stolen and/or compromised? **u**credit card(s) - List bank(s) issuing the credit cards: □ATM card - List bank issuing ATM card: _____ checks and/or checking account number - (List bank issuing check): savings account passbook or number (List bank holding savings account): brokerage or stock accounts - (List banks and/or brokers): passport (List country issuing passport): driver's license or license number (List the state & number): ■state identity card or identity number (List state issuing card): _____ □ social security card number □ birth certificate (List state and municipality issuing birth certificate): _____ President alien card, green card, or other immigration documents □ bank account passwords or "secret words", such as mother's maiden name **J**other (describe): Unknown

<u>IDENTITY CRIME INCIDENT DETAIL FORM</u> (page 4 of 11)

8. To the best of your knowledge at this point, what identity crimes have been con	ımitted?
making purchase(s) using my credit cards or credit card numbers without a	uthorization
opening new credit card accounts in my name	
opening utility and/or telephone accounts in my name	
unauthorized withdrawals from my bank accounts	
opening new bank accounts in my name	
taking out unauthorized loans in my name	
unauthorized access to my securities or investment accounts	
obtaining government benefits in my name	
obtaining employment in my name	
obtaining medical services or insurance in my name	
evading prosecution for crimes committed by using my name or committing	new
crimesunder my name	
check fraud	
passport/visa fraud	
other	
9. To assist law enforcement in pinpointing when and by whom your information value to retrace your actions in recent months with regard to your personal inform is not solicited to "blame the victim" for the crime, but to further the investigation stolen your personal or financial identifiers. What circumstances and activities ha months (include activities done by you and on your behalf by a member of your face.	nation. This information toward who might have we occurred in the last six
carried Social Security Card in my wallet	
carried my bank account passwords, PINs, or codes in my wallet	
gave out my Social Security Number (To whom?)	
my mail was stolen (When approx.?)	
I went away and my mail was held at the post office or collected by someone	else
I traveled to another location outside my home area (business or pleasu	re)
(Where did you go and when ?)	

<u>IDENTITY CRIME INCIDENT DETAIL FORM</u> (page 5 of 11)

m	ail was diverted from my home (either by forwarding order or in a way unknown to you
I	did not receive a bill as usual (i.e. credit card bill failed to come in the mail)
C	Which one ?)
a	new credit card I was supposed to receive did not arrive in the mail as expected
C	Which one ?)
b	oills I was paying were left in an unlocked mailbox for pickup by the postal service
S	ervice people were in my home (From what company? When?)
do	ocumentation with my personal information was thrown in the trash without
	beingshredded
	credit card bills, pre-approved credit card offers, or credit card "convenience" checks in
	myname were thrown out without being shredded
1	my garbage was stolen or gone through
1	my ATM receipts and/or credit card receipts were thrown away without being shredded
1	my password or PIN was given to someone else
1	my home was burglarized
1	my car was stolen or burglarized
1	my purse or wallet was stolen
1	my checkbook was stolen
1	my personal information was provided to a service business or non-profit (i.e., I gave
	blood,donated money, took out insurance, or saw a financial planner)
	Please list:
	my credit report was queried by someone claiming to be a legitimate business interest
(Who?)
1	I applied for credit and/or authorized a business to obtain my credit report (i.e., shopped for
	new car, applied for a credit card, or refinanced a home)
	Please list:
1	my personal information is available on the Internet, such as in an "open directory,"
	"whitepages," genealogy web site, or college reunion web site

$\underline{\textbf{IDENTITY CRIME INCIDENT DETAIL FORM}} \ (\textit{page 6 of 11})$

A legitimate purchase was made where my credit card was out of my sight
My personal information was given to a telemarketer or a telephone solicitor Please list:
My personal information was given to a door-to-door salesperson or charity fundraiser Please list:
A charitable donation was made using my personal information Please list:
My personal information was given to enter a contest or claim a prize I had won Please list:
A new bank account or new credit card account was legitimately opened in my name
I re-financed my house or property (Please list:)
A legitimate loan was applied for or closed in my name
A legitimate lease was applied for or signed in my name
Legitimate utility accounts were applied for or opened in my name
A license or permit was applied for legitimately in my name
Government benefits were applied for legitimately in my name
My name and personal information were mentioned in the press, such as in the newspaper, magazine or on a website
Online purchases were made using my credit card (Through what company?
Personal information was included in an email
I released personal information to a friend or family member
For any items checked above, please, in as much detail possible, explain the circumstances of the situation:

<u>IDENTITY CRIME INCIDENT DETAIL FORM</u> (page 7 of 11)

	10. How many purchases over the Internet (retailer or auction sites, i.e. ebay, etc.) have you made in the last six months?					
11.	What Internet sites have you bought from? (List All)					
12.	In the last six months, whom has your Social Security Number been given to? (List All)					
	Do your checks have your Social Security Number or Driver's License Number imprinted on them? _YesNo If yes, please list the retailer names where checks have been tendered					
six	Have you written your Social Security Number or Driver's License Number on any checks in the last months, or has a retailer written those numbers on a check? _YesNo If yes, please list the retailer names where checks have been tendered					
15.	Do you own a business or businesses that may be affected by this identity crime? YesNo					
	Do you have any information on a suspect in this identity crime case?					

<u>IDENTITY CRIME INCIDENT DETAIL FORM</u> (page 8 of 11)

17. Please list all the banks that you have accounts with. Place an asterisk (*) by accounts that have fraudulent charges on them.				
<u>Bank</u>	Type of account and account number (checking, savings, pension, etc. Fraudulent charges?			
	st all the credit card companies and banks that you have credit cards with. Place an asterisk (*) ants that have fraudulent charges on them.			
	st all the utility companies (i.e. Power, Water, etc.) you have accounts with. Place an asterisk (*) ants that have fraudulent charges on them.			

<u>IDENTITY CRIME INCIDENT DETAIL FORM</u> (page 9 of 11)

Financial Institution Type of account and account# (loan, lease, mortgage,etc) Fraudulen	t charges
21. Please list any merchants who you have credit accounts with such as department stores, or retailers an asterisk (*) next to accounts that have fraudulent charges on them.	s. Place
22. Please list any other financial institutions where <u>fraudulent</u> accounts were opened in your name of your personal identifiers.	or using

<u>IDENTITY CRIME INCIDENT DETAIL FORM</u> (page 10 of 11)

23. Please	ist any documents fraudulently obtained in your name (driver's license, social security cards, etc.)	
•	ou contacted the following organizations and requested a Fraud Alert be put on your accounts? (Chanave contacted about a Fraud Alert)	ck
Equ	Cax On what date?	
Tran	Union On what date?	
Exp	ian On what date?	
You	Bank(s) Name of Bank(s):	
De ₂	artment of Motor Vehicles	
Soc	al Security Administration	
Oth	r: (Please list)	
25. Have y	ou requested a credit report from each of the three credit bureaus? (Check all that you have request ort from)	ed
Equ	fax (if you have the credit report in your possession, please attach a copy to this form)	
Tr	asUnion (if you have the credit report in your possession, please attach a copy to this form)	
Ex	erian (if you have the credit report in your possession, please attach a copy to this form)	

IDENTITY CRIME INCIDENT DETAIL FORM (page 11 of 11)

26. Have you contacted any financial institution , concerning either legitimate or fraudulently opened accounts? If yes, please list:				
Name of financial institution	Phone number	Person you spoke with		
*** Please bring with you to the n correspondence, phone records, credit n				
Also please make a copy of this comple	eted form for your records.			

Remember to keep a detailed log of all your correspondence and contacts since realizing you were the victim of

identity crime.

Identity Theft – Resources

www.annualcreditreport.com (free credit reports)

Addresses for Disputes of Credit Reports

Experian

NCAC P.O. Box 9556 Allen, TX 75013

Equifax Information Services

P.O. Box 740256 Atlanta, GA 30374

TransUnion

Customer Disclosure Center TransUnion Consumer Relations P.O. Box 2000 Chester, PA 19022-2000

When mailing your request, be sure and send all of the information required of the credit bureaus.

Contact Numbers for Credit Reporting Agencies

Experian

Office in Texas: 1-888-397-3742 Business: 1-888-211-0728

Equifax Information Services

Business Line (with option for personal): 1-888-202-

4025

Office in Georgia: 1-800-685-1111 Dispute Fax #: 1-888-826-0573 Business: 1-802-304-0364 General: 1-800-797-6801

TransUnion

Office in Pennsylvania: 1-800-888-4213 1-888-259-6845 (6am-12 pacific time) 1-800-916-8800 (consumer relations)