

**Initial Victim of Identity Theft Statement and Fraudulent Account Information Request  
to Credit Issuers or Merchants – New Account**

Date: \_\_\_\_\_ Mailed certified, return receipt - Number: \_\_\_\_\_

TO: \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ REFERENCE NO. \_\_\_\_\_

FROM: \_\_\_\_\_

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 FCRA Section 609e, all lenders and credit issuers must provide documentation regarding all fraudulent accounts opened in another's identity and do so 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 (trade line removal). 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.

You may NOT sell, distribute, trade, exchange, share, or donate information about this fraudulent account with any other entity except with the designated law enforcement agencies and prosecutors involved in this case while this is under investigation. 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 state and federal level Fair Debt Collection Practices Act and the Fair Credit Reporting Act.

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.

**Victim Information:**

1. My full legal name is: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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 (i.e., 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:**