

Imposter Will Not Cooperate

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

TO: _____ FAX: _____

ADDRESS: _____

ACCOUNT NO. _____ REFERENCE NO. _____

FROM: _____

Affidavit of Fact

Victim Information:

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 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:

Name of agency: _____

Case # _____

Name of investigator if known: _____

Contact information for law enforcement: (address/phone) _____

If you are unable to obtain a report or report number from the police, please indicate that by checking here ____.

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 you 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)