

Letter Accepting Responsibility

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

TO: _____ FAX: _____

ADDRESS: _____

ACCOUNT NO. _____ REFERENCE NO. _____

FROM: _____

My name is (full legal name of imposter).

This is to notify you that:

I opened the following credit account(s) in the victim's name.

I added charges onto an existing credit card account owned by the victim.

I took over a bank account or checking account owned by the victim.

I opened a bank account or checking account in the victim's name.

Account Number of fraudulent account(s):	Date Opened:	Approximate Charges: (to date)
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_____	_____	_____
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_____	_____	_____
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Social Security number used to open account: ____ - ____ - _____

Legal authorization: (imposter to initial each)

The victim did not authorize me to use his/her name or personal information to seek the money, credit, loans, goods or services described in this report.

The victim did not have any knowledge of my actions described in this report.

The victim did not receive any benefit, money, goods, or services as a result of the events described in this report.

A police report has been filed about this situation. () Yes – attached ; () No

I wish to assume full financial responsibility for all charges made by me in the name of the victim and contact me exclusively to make arrangements for repayment of these charges. I also request that a written confirmation be sent to the victim showing:

- That all fraudulent charges have been removed from their records within your company.
- That the credit bureaus Experian, Equifax and TransUnion have been contacted to remove the fraudulent account/charges from their records.

Imposter Information:

My full legal name is: _____

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

My Social Security number is _____

My driver's license or identification card number is: State _____ # _____

My current address is: _____

City: _____ State: _____ Zip Code: _____

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

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

City: _____ State: _____ Zip Code: _____

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

My daytime telephone number is: (____) _____

Cell: (____) _____

My evening telephone number is: (____) _____

My e-mail address is _____

Victim Information:

Victim's Full Legal Name: _____

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

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

My Social Security number is _____

My driver's license or identification card number is: State _____ # _____

My current address is: _____

City: _____ State: _____ Zip Code: _____

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

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

City: _____ State: _____ Zip Code: _____

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

My daytime telephone number is: (____) _____

Cell: (____) _____

My evening telephone number is: (____) _____

My e-mail address is _____

(signature of victim)

(printed name)

(date)

(telephone number)

I declare under penalty of perjury that this declaration is true and correct to the best of my knowledge.

(signature of imposter)

(printed name)

(date)

(telephone number)

Knowingly submitting false information on this affidavit could subject you to criminal prosecution for perjury.

(Have this form notarized. Note: the imposter should pay this cost.)