

WEST VINCENT TOWNSHIP POLICE DEPARTMENT

729 ST. MATTHEWS RD CHESTER SPRINGS, PA 19425

PHONE: 610-458-3205 FAX: 610-458-3206

EMAIL: ADMIN@WVPOLICE.ORG

Instructions for Completing the ID Theft Affidavit

To make certain that you do not become responsible for any debts incurred by an identity thief, you must prove to each of the companies where accounts were opened or used in your name that you didn't create the debt.

A group of credit grantors, consumer advocates and attorneys at the Federal Trade Commission (FTC) developed an ID Theft Affidavit to make it easier for fraud victims to report information. While many companies accept this affidavit, others require that you submit more or different forms. Before you send the affidavit, contact each company to find out if they accept it.

It will be necessary to provide the information in this affidavit anywhere a **new** account was opened in your name. The information will enable the companies to investigate the fraud and decide the outcome of your claim. If someone made unauthorized charges to an **existing** account, call the company for instructions.

This affidavit has two parts:

- **Part One** the ID Theft Affidavit is where you report general information about yourself and the theft.
- Part Two the Fraudulent Account Statement — is where you describe the fraudulent account(s) opened in your name. Use a separate Fraudulent Account Statement for each company you need to write to.

When you send the affidavit to the companies, attach copies (NOT originals) of any supporting documents (for example, driver's license or police report). Before submitting your affidavit, review the disputed account(s) with family members or friends who may have information about the account(s) or access to them.

Complete this affidavit as soon as possible. Many creditors ask that you send it within two weeks. Delays on your part could slow the investigation.

Be as accurate and complete as possible. You may choose not to provide some of the information requested. However, incorrect or incomplete information will slow the process of investigating your claim and absolving the debt. Print clearly.

When you have finished completing the affidavit, mail a copy to each creditor, bank, or company that provided the thief with the unauthorized credit, goods, or services you describe. Attach a copy of the Fraudulent Account Statement with information only on accounts opened at the institution to which you are sending the packet, as well as any other supporting documentation you are able to provide

Send the appropriate documents to each company by certified mail, return receipt requested, so you can prove that it was received. The companies will review your claim and send you a written response telling you the outcome of their

investigation. Keep a copy of everything you submit.

If you are unable to complete the affidavit, a legal guardian or someone with power of attorney may complete it for you. Except as noted, the information you provide will be used only by the company to process your affidavit, investigate the events you report, and help stop further fraud. If this affidavit is requested in a lawsuit, the company might have to provide it to the requesting party.

Completing this affidavit does not guarantee that the identity thief will be prosecuted or that the debt will be cleared.

If you haven't already done so, report the fraud to the following organizations:

1. Any one of the nationwide consumer reporting companies to place a fraud alert on your credit report. Fraud alerts can help prevent an identity thief from opening any more accounts in your name. The company you call is required to contact the other two, which will place an alert on their versions of your report, too.

•**Equifax:** 1-800-525-6285; www.equifax.com

•Experian: 1-888-EXPERIAN (397-3742); www.experian.com

•TransUnion: 800-680-7289; www.transunion.com

In addition to placing the fraud alert, the three consumer reporting companies will send you free copies of your credit reports, and, if you ask, they will display only the last four digits of your Social Security number on your credit reports.

2. The security or fraud department of each company where you know, or believe, accounts have been tampered with or opened fraudulently. Close the accounts. Follow up in writing, and include copies (NOT originals) of supporting documents. It's important to notify credit card companies and banks in writing. Send your letters by certified mail, return receipt requested, so you can document what the company received and when. Keep a file of your correspondence and enclosures.

When you open new accounts, use new Personal Identification Numbers (PINs) and passwords.

Avoid using easily available information like your mother's maiden name, your birth date, the last four digits of your Social Security number or your phone number, or a series of consecutive numbers.

- 3. Contact your local police or the police in the community where the identity theft took place to file a report. Get a copy of the police report or, at the very least, the number of the report. It can help you deal with creditors who need proof of the crime.
- 4. The Federal Trade Commission. By sharing your identity theft complaint with the FTC, you will provide important information that can help law enforcement officials across the nation track down identity thieves and stop them. The FTC also can refer victims' complaints to other government agencies and companies for further action, as well as investigate companies for violations of laws that the FTC enforces.

You can file a complaint online at www.consumer.gov/idtheft If you don't have Internet access, call the FTC's Identity Theft Hotline, toll-free: 1-877-IDTHEFT (438-4338); TTY: 1-866-653-4261; or write: Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580.

5. The Federal Bureau of Investigation. The Internet Crime Complaint Center is to provide the public with a reliable and convenient reporting mechanism to submit information to the Federal Bureau of Investigation concerning suspected Internet-facilitated criminal activity and to develop effective alliances with law enforcement and industry partners. Information is analyzed and disseminated for investigative and intelligence purposes to law enforcement and for public awareness.

You can file a complaint online at www.ic3.gov.



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ID Theft Affidavit

EMAIL: ADMIN@WVPOLICE.ORG

	Victin	n Information	
1. My full legal name is:			
First	Middle	Last	Jr, Sr, III Etc
2. (If different from above) V	Vhen the events desc	cribed in this affidavit took pl	lace. I was known as:
First	Middle	Last	Jr, Sr, III Etc
			2-7:2-7-2-2
2 My data of hirth is:			
3. My date of birth is: Month/Day/Year			
4. My Social Security number	er is		
5. My driver's license or idea	ntification card state	and number are:	
State:		#:	
···			
6. My current address is			
Address	,	City	State, Zip
			, 1
7. I have lived at this address	since:		
Month/Year	Since.		
0 (70 4100 0 1)			
`	When the events des	cribed in this affidavit took p	· •
Address		City	State, Zip
First & Last Name.		D-4	tai
First & Last Name: Ed 3/17		Dai	te:
EU 3/17			

	ved at the address in Item 8 from:	IDION OF TAX
From ((Month/Year)	UNTIL (Month/Year)
10. My	y daytime telephone number is:	
My	y evening telephone number is:	
	How the	Fraud Occurred
Check	k all that apply for items 11-17:	
11.	☐ I did not authorize anyone to us credit, loans, goods or services describe	e my name or personal information to seek the money, ed in this report.
12.	☐ I did not receive any benefit, money	y, goods or services as a result of the events described in
1	this report.	
13.	☐ My identification documents (for ex	cample, credit cards; birth certificate, driver's license; Socia
\$	Security card; etc.) were □ stolen □ l	
		(day/month/year)
1	example, my name, address, date of l	belief, the following person (s) used my information (for birth, existing account numbers, Social Security number, fication documents to get money, credit, loans, goods or norization:
j	Name (if known)	Name (if known)
-	Address (if known)	Address (if known)
j	Phone number(s) (if known)	Phone number(s) (if known)
-	Additional information (if known)	Additional information (if known)
	☐ I do NOT know who used my info loans, goods or services without my kn	ormation or identification documents to get money, credit, nowledge or authorization
First S	& Last Name	Date:
Ed 3/1	& Last Name: 17	Date.

· ·	ity thief gained access to your information.)
(Attach additional pages as necessary.)	
Victim's Law Enforcement Actions	
17. (Check one) I □ am □ am not wind who committed this fraud.	illing to assist in the prosecution of the person(s)
18. (Check one) I □ am □ am not authori enforcement for the purpose of assisting to person (s) who committed this fraud.	zing the release of this information to law them in the investigation and prosecution of the
•	not reported the events described in this affidavit
	ency. The police \square did \square did not write a report. e or other law enforcement agency, please complete
Agency # 1	Officer/Agency personnel taking report
Date of Report	Report number, if any
Phone Number	Email address, if any
Agency # 2	Officer/Agency personnel taking report
Date of Report	Report number, if any
Phone Number	Email address, if any
First & Last Name:	Date:

or

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If more space is	s needed, attach additional sheet.
Signature	
affidavit is true, correct, and complete as affidavit or the information it contains no enforcement agencies for such action with understand that knowingly making any government may constitute a violation of	ge and belief, all the information on and attached to this and made in good faith. I also understand that this may be made available to federal, state, and/or local law ithin their jurisdiction, as they deem appropriate. I false or fraudulent statement or representation to the of 18 U.S.C. § 1001 or other federal, state, or local osition of a fine or imprisonment or both.
(Signature)	(Date Signed)
(Notary)	
	sometimes require notarization. If they do not, please low that you completed and signed this affidavit.]
Witness:	
(Signature)	(Printed Name)
(Date)	(Telephone Number)
First & Last Name:	Date:

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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 opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor Name/Address (the company that opened the account or provided the goods or services)	Account Number	Type of unauthorized credit/goods or 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)
Example Example National Bank 22 Main Street Columbus, Ohio 22722	01234567-89	Auto loan	01-05-2002	\$25,000.00

\square I have/had the following account open with	your company:	
Billing Name		
Billing Address		
Account Number		
First & Last Name:Ed 3/17	Date:	

ID THEFT CHECKLIST

Documentation Checklist
Please indicate the supporting documentation you are able to provide to the companies you plan to notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.
1. □ A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
2. Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill). If available.
3.□ A copy of the report you filed with the police or sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.
First & Last Name: Date:
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