**Boone County Sheriff’s Office**

**Identity Theft Victim Packet**

**Case number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This packet has been designed to assist victims of Identity Theft in restoring their identity and credit. This packet also includes information that will allow you to obtain records and documents related to fraudulent transactions that are needed for law enforcement to investigate the theft and for the Prosecuting Attorney’s Office to successfully prosecute the offender(s). You will need to keep track of your case number as creditors, financial institutions and credit reporting bureaus will ask for it.

**Law enforcement cannot begin an investigation without the document evidence.** The nature of Identity Theft requires the victim to be more active than victims of more traditional crimes in the collection of evidence. You will need to complete the dispute letters and provide us with the necessary documentation. Please **write your case number** on any documents and correspondence you send us to ensure the information is added to the correct file. It is difficult to identify suspects in identity theft cases. **However, it is important to note that even if the suspect cannot be identified, it will not affect your ability to correct the fraudulent accounts and remove them from your credit history.**

**TIPS**

* **DO NOT GIVE UP**. Resolving problems caused by Identity Theft can take weeks or months and several contacts before they are resolved. You may need to retain an attorney IF creditors or reporting agencies are not cooperating with your efforts.
* Start a file in which to keep all your records, document and correspondence

copies, etc. Keep all files even if you believe the matter is resolved. Once a case is resolved, most stay resolved, however problems can occur at a later date

and you will want your records.

* Use a log to assist you in organizing your contacts. Write down all dates, times, names, and contact number of all individuals you talk to regarding the identity theft and correction of your credit..
* **DO NOT** provide creditors or merchants with originals. Keep copies of everything you provide to creditors or companies involved in the identity theft.
* Each creditor has different policies and procedures in correcting fraudulent

accounts. They may accept a standard affidavit or require one specfically designed by them.

* Use certified mail, return receipt requested, when mailing information.

*Traffic/Criminal summons or arrest* – if you suspect your information has been used by someone when they received a summons or were arrested you will need to file a report with the Agency that issued the summons or arrested the suspect. Do not complete this packet.

*Employment Fraud* – if you believe someone is using your information to obtain employment **DO NOT CONTACT THE EMPLOYER**, as they may terminate or otherwise notify the suspect.

*Residential Rental Fraud* – if you believe your information has been used to obtain rental housing **DO NOT CONTACT THE LANDLORD OR MANAGER** as they may start eviction proceedings or otherwise warn the offender.

\*\*\*SEE SECTION ON DOCUMENTARY EVIDENCE AND THE SAMPLE DISPUTE

LETTERS AT THE END OF THE PACKET\*\*\*

**FINANCIAL INSTITUTIONS**

Contact your bank and other financial institutions in which you have banking or credit accounts that you believe may have been compromised or accounts that have been opened fraudulently.

1. Call each company that you believe has accounts that have been used fraudulently.

 Follow up in writing and send copies of supporting documents, DO NOT SEND THE

 ORIGINALS. Send letters by certified mail, return receipt requested so you can

 document that the company received them.

2. Close all accounts that have been compromised. Open new accounts using a password

 or PIN that is different from the compromised account(s).

3. Put stop payments on any checks you did not authorize

4. Call all companies in which unauthorized accounts have been opened and notify them

 of the identity theft. Follow up in writing sent certified mail, return receipt requested.

5. Once you have resolved your identity theft dispute with the company, request a

 letter stating that the company has closed the disputed accounts and has discharged

 the fraudulent debts.

**CREDIT BUREAUS**

1. Contact all three (3) major credit reporting bureaus

**Equifax:** 1-800-525-6285; <www.equifax.com>; P.O. Box 740241, Atlanta, GA

30374- 0241

**Experian:** 1-888-EXPERIAN (397-3742); <www.experian.com>; P.O. Box 9532,

Allen, TX 75013

**TransUnion:** 1-800-680-7289; <www.transunion.com>; Fraud Victim Assistance

Division, P.O. Box 6790, Fullerton, CA 92834-6790

2. Request that a “Fraud Alert” or “Security Freeze” be placed on your file.

**Fraud Alert** – The most widely used tool against fraud in a credit report. Fraud Alert

notifies potential credit grantors to take additional precautionary steps prior to extending

credit. Any consumer has the ability to add a fraud alert free of charge to their credit

report. There are three forms of fraud alert:

* Initial Alert – remains on credit report for 90 days
* Extended Alert – remains on credit report for 7 years. In order to obtain an

extended alert there must be evidence of victimization, such as a police report

* Military Alert – available for all military personnel who are on active duty.

Remains on credit report for 1 year.

**Security Freeze** -You have the right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. You should be aware, however, that using a security freeze may delay or prevent the prompt approval of any subsequent request or application you make regarding a new loan, credit, mortgage, government services or payments, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at the point of sale.

When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the security freeze on your credit report or authorize the release of your credit report for a period of time after the security freeze is in place. To provide that authorization you must contact the national credit bureau and provide the following:

1. Your personal identification number or password.
2. Proper identification to verify your identity.
3. The proper information regarding the period of time for which the credit report shall be available.

The national credit bureau must authorize the release of your credit report for a period of time within 15 minutes or as soon as practical if good cause exists for the delay, and must remove a security freeze no later than three business days after receiving all of the above items by any method that the consumer reporting agency allows.

A security freeze does not stop all access to your credit report. Companies, with which you have an existing account, or collection agencies acting on behalf of such companies, may still request information from your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

You have the right to bring a civil action against anyone, including a national credit bureau that willfully or negligently fails to comply with any requirement of the Arkansas Consumer Report Security Freeze Act.

A national credit bureau has the right to charge you up to $5 to place a security freeze on your credit report, to temporarily lift a security freeze on your credit report, or to remove a security freeze from your credit report. However, you shall not be charged any fee if you are 65 or older or if you are a victim of identity theft and have submitted, in conjunction with the security freeze request, a copy of a valid investigative report or incident report.

**How To Request a Security Freeze**

A consumer may request that a security freeze be placed on his or her consumer report by doing one of the following:

1. Sending his or her request in writing by mail to a national credit bureau.
2. Telephoning his or her request to a national credit bureau and providing over the telephone proper identification or personal identification information required by the national credit bureau.
3. Electronically forwarding his or her request to a national credit bureau through a secure electronic connection or a secure electronic mail connection if the connection is made available by the national credit bureau.

**How to place an extended fraud alert**

1. Contact each credit reporting company (See contact information provided within this packet.
	1. Ask the company to place an extended fraud alert on your credit file. (The company may have you complete a request form.
	2. Include a copy of your Identity Theft Report when you submit the form and your letter.
	3. Mark your calendar – The extended alert stays in effect for 7 years.
	4. Update your files. Record the dates you made calls or sent letters. Keep copes of letters in your files.

**How do I file a report with the FTC?**

You can file the affidavit either online or by phone.

**Online**

Online applications can be filled out at the following site [*www.ftc.gov/complaint*](http://www.ftc.gov/complaint)

A. Complete the complaint form with as many details as you know.

B. Review the form and click “submit.”

C. Save the complaint reference number that appears after you submit your information.

* Note – You’ll need your complaint reference number to update your complaint online or by phone.
1. Click on the words “Click here to get your completed FTC Identity Theft Affidavit.”
* Note – Before you leave that screen, be sure you saved or printed your affidavit. You cannot save or print it after you leave this screen.

**Phone**

1. Call 1-877-438-4338 or 1-866-653-4261 (TTY)
2. Tell the representative what happened.
3. Ask for your complaint reference number and Affidavit password.
* Note – The FTC representative will email you a link so you can get your Affidavit.
1. Save or print your FTC Identity Theft Affidavit by going to the link that the representative sent you.
2. Enter your complaint reference number, Affidavit password, and your email address.
3. Print or save your Identity Theft Affidavit.

**Filing a report with your local law enforcement agency**

Once you have completed and printed out your affidavit with the FTC, go to your local law enforcement agency. Most agencies prefer that you go to the agency that covers the jurisdiction that you live in.

1. Bring a copy of your FTC Identity Theft Affidavit and any other proof of the theft.
2. Complete a report about the theft.
3. Ask to have a copy, or the number, of the report.

Personnel of the Records Section of the Boone County Sheriff’s Office are authorized to release copies of reports. Victims are allowed one (1) free copy of their report. To obtain a copy of the report:

1. Call the Records Section at 870-741-8404 two or three days after you filed the initial report to find out if the report is available for release.
2. Once you are advised your report is available you will need to come in to the Records Section in person. You must have positive identification with a photo to prove you are the victim. The Records Section is located at 5800 Law Drive, Harrison, AR.
3. Once your case is received by the criminal investigations division an investigator may be assigned to your case. You can inquire with the Records Section if an investigator has been assigned and who that officer is. That investigator will be your point of contact with this department regarding any updates or changes that need to be made with your case.

**SUBMIT COMPLETED VICTIM STATEMENT AND ALL INFORMATION AND**

**RECORDS TO THE SHERIFF’S OFFICE**

To avoid confusion and ensure all items are forwarded appropriately we request that if at

all possible you submit everything at once. We request that you avoid sending the documents separately as you receive them. BE SURE TO PUT YOUR CASE NUMBER ON THE TOP OF ALL DOCUMENTS YOU SUBMIT. Types of documentary evidence that may be needed are listed below.  This is not an all inclusive list but simply a guide.

The information can be hand delivered or mailed to:

Boone County Sheriff’s Office

5800 Law Drive

Harrison, AR 72601

**\*\*\*\* You will be contacted by an Investigator only if clarification is needed or if the**

**information leads to the development and/or identification of a suspect. You will be**

**notified if the case is filed with the Prosecuting Attorney’s Office  for prosecution.  You will be needed to testify in Court at certain hearings and trial(s)\*\*\*\***

**DOCUMENTARY EVIDENCE**

This is a list of the type of documents that are needed to begin an investigation. The Sheriff’s

Office requires the ORIGINAL DOCUMENT for evidence if it is available. The list does not

include all the types of documents that may be obtained but should give you an idea of the

type and nature of evidence needed. The creditor or company can also tell you what types of

documentation they keep. The victim of the identity theft should obtain the information using

the letter sent to the company/creditor disputing the account/transactions and requesting all

documentation related to the disputed transactions or accounts.

EXISTING ACCOUNTS- obtain the following types of documents if your existing account

has been compromised:

1. Statements or bills showing when and where the transactions occurred

* Circle or underline the fraudulent transactions
* DO NOT USE A HIGHLIGHTER. A highlighter may make it impossible to

make a legible copy of the document

* Attempt to obtain a physical address for the transaction from the bank or

merchant

2. Documentation of where delivery of merchandise was made

3. Any phone numbers, physical addresses, IP addresses, e-mail addresses, etc. .

associated with the disputed transactions

4. Any information from the creditor the shows how or where the account was used

5. The name and phone number of any and all representatives from the business that you

deal with.

**NEW ACCOUNTS** –Obtain the following documents if an account has been opened without

your authorization

1. Statements or collection notices that you have received for accounts that are not yours.

2. Credit reports showing the accounts that are not yours.

* Circle or underline the fraudulent transactions.
* DO NOT USE A HIGHLIGHTER. A highlighter may make it impossible to

make a legible copy of the document.

3. Bills and account statements from utility companies, phone companies, creditors, financial institutions, etc. for accounts you did not authorize.

* Letters or documentation that contain copies of account applications.
* How the account was opened ( in person, over the phone, internet, mail).
* Where the account was opened if done in person.
* Address where any cards, bills, merchandise or correspondence was mailed.
* Address where any service was established or performed.
* Any phone numbers, physical addresses, IP addresses, e-mail addresses, etc.

associated with the account.

4. The name and phone number of any and all representatives from the business that you

deal with.

**EMPLOYMENT FRAUD** – if you suspect someone is using your Social Security Number to

obtain employment contact the Social Security Administration.

Local Office – Social Security, 131 W. Industrial Park Road, Harrison, AR 72601

1-877-512-3851. TTY 1-870-741-6432

Toll free TTY 1-800-325-0778

<www.ssa.gov>

* Obtain a copy of your Personal Earnings and Benefit Estimate Statement (PEBES) and check it for accuracy.
* Obtain a stamped Social Security Verification Letter verifying that the Social Security

Number is issued to you.

* Any document that brought your attention that your identity may be being used including, but not limited to, IRS notice of taxes owed for a job you did not hold.

**HELPFUL WEB SITES AND REFERENCES**

You Are Not Alone. There are numerous agencies, publications and web sites out there for you to reference. This section lists some that law enforcement and victims have found to be

extremely useful. There are articles, fact sheets and sample letters for you to use in educating yourself and fighting effectively to get your life back. Lastly, DO NOT GIVE UP.

**FEDERAL TRADE COMMISSION** – FTC is the Federal agency tasked with the issues of

Identity Theft. We recommend you file a report with the FTC in addition to your police report.

Publications are available from FTC and are also viewable in .PDF format online. A wealth of

information and assistance.

<http://www.ftc.gov/bcp/edu/microsites/idtheft/>

1-877-ID-THEFT (438-4338); TTY: 1-866-653-4261

Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW,

Washington, DC 20580.

**ARKANSAS ATTORNEY GENERAL’S OFFICE -** Public website of the Arkansas AG’s Office. Has a webpage link to the consumer protection division that has useful information involving identity theft, how to protect yourself from identity theft. Information on how you can tell if your identity has been stolen and other useful information in the event that you are a victim can be found here. <http://gotyourbackarkansas.org/identity/>

**The Victims Initiative for Counseling, Advocacy, and Restoration of the**

**Southwest (VICARS)** - a nonprofit law office funded by grant number 2007-VF-GX-K032 awarded by the **Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice.**

VICARS' goal is to provide direct legal assistance to victims  of  identity  theft  and financial fraud in Texas, New Mexico, Colorado, and Oklahoma . Among VICARS services are to assist victims in making reports , filing disputes, and communicating with police, financial institutions, credit card companies, credit reporting companies, and regulatory and  licensing  agencies; Help  victims evaulate emergency financial needs; Help victims compile and review documentation; and Provide direct legal representation, including small claims cases, other legal actions  against perpetrators, and negotiations with creditors and collection agencies.

<http://www.idvictim.org/index.cfm?pagename=homepage>

**1-888-343-4414**

**IDENTITY THEFT RESOURCE CENTER** - Identity Theft Resource Center® (ITRC) is

a nonprofit, nationally respected organization dedicated exclusively to the understanding and

prevention of  identity  theft . The ITRC provides consumer and victim support as well  as  public education. The ITRC also advises governmental agencies, legislators, law enforcment, and businesses about the evolving and growing problem of identity theft.

You will find templates for letters and fact sheets to assist you in clearing your credit and

regaining your identity.

<http://idtheftcenter.org/>

**Victim/Consumer:**

If you believe you are a victim of identity theft and would like our assistance please send

us an email at Victims@idtheftcenter.org or call the ITRC Victim Assistance Center  (858) 693-7935

**PRIVACY RIGHTS CLEARINGHOUSE** - The Privacy Rights Clearinghouse (PRC)

is a nonprofit consumer organization with a two-part mission -- consumer information and

consumer advocacy. It was established in 1992 and is based in San Diego, California. It is

primarily grant-supported and serves individuals nationwide.

You will find templates for letters and fact sheets to help guide you through the process.

<http://www.privacyrights.org/identity.htm>

Privacy Rights Clearinghouse

3100 - 5th Ave., Suite B

San Diego, CA 92103

Phone: (619) 298-3396

Fax: (619) 298-5681 (The PRC does not accept unsolicited ads.)

Web: <http://www.privacyrights.org>

**CREDIT BUREAUS**- These are the 3 major credit bureaus you will be dealing with

Equifax**:** 1-800-525-6285; <www.equifax.com>; P.O. Box 740241, Atlanta, GA 30374- 0241

Experian**:** 1-888-EXPERIAN (397-3742);  <www.experian.com>;  P.O. Box 9532, Allen, TX 75013

TransUnion: 1-800-680-7289; <www.transunion.com>; Fraud Victim Assistance Division, P.O.

Box 6790, Fullerton, CA 92834-6790

**ANNUAL CREDIT REPORT.com** – The only on-line credit report source authorized by the

credit bureaus. You are entitled to a free credit report each year. In effect, if you get a creditreport once a year from each of the major credit bureaus you can space them out and receive a free report every 4 months .

[https://www.annualcreditreport.com](http://https://www.annualcreditreport.com/)

Annual Credit Report Request Service

P.O.Box 105281

Atlanta, GA 30348-5281

1-877-322-8228

Sample Dispute Letter for Existing Accounts

Date

Your Name

Your Address

Your City, State, Zip Code

Your Account Number

Name of Creditor

Billing Inquiries

Address

City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute a fraudulent*(charge or debit)* on my account in the amount of

$\_\_\_\_\_\_. I am a victim of identity theft, and I did not make this*(charge or debit).*I am

requesting that the*(charge be removed or the debit reinstated),* that any finance and

other charges related to the fraudulent amount be credited, as well, and that I receive

an accurate statement.

Enclosed are copies of*(use this sentence to describe any enclosed information, such*

*as a police report)* supporting my position. Please investigate this matter and correct the

fraudulent*(charge or debit)* as soon as possible.

In addition, pursuant to the Fair and Accurate Credit Transaction Act (FACTA) and the

Fair Credit Reporting Act (FCRA) as a victim of identity theft I am requesting that you

provide me with copies of any and all applications and business transaction records

related to the fraudulent transaction. The copies of the records can be*(mailed to me at*

*the address listed below or faxed to the number listed below)*, In addition, please make

these records available to law enforcement upon their request.

Sincerely,

*Your name*

Enclosures:*(List what you are enclosing.)*

Sample Blocking Letter Consumer Reporting Company

Date

Your Name

Your Address

Your City, State, Zip Code

Complaint Department

Name of Consumer Reporting Company

Address

City, State, Zip Code

Dear Sir or Madam:

I am a victim of identity theft. I am writing to request that you block the following

fraudulent information in my file. This information does not relate to any transaction that

I have made. The items also are circled on the attached copy of the report I received.

*(Identify item(s) to be blocked by name of source, such as creditors or tax court, and*

*identify type of item, such as credit account, judgment, etc.)*

Enclosed is a copy of the law enforcement report regarding my identity theft. Please let

me know if you need any other information from me to block this information on my

credit report.

Sincerely,

Your name

Enclosures:*(List what you are enclosing.)*

**Sample Dispute Letter for Unauthorized Accounts**

Date

Your Name

Your Address

Your City, State, Zip Code

Name of Creditor

Address

City, State, Zip Code

RE: ( insert Disputed Account Number)

Dear Sir or Madam:

I am writing to dispute an account opened fraudulently in my name. I am a victim of

identity theft, and I did not open account number*(number of fraudulent account*). I am

not responsible for any charges made to this account.

Enclosed are copies of (*use this sentence to describe any enclosed information, such*

*as police report, ID Theft Affidavit, Request for Fraudulent Account Information forms)*

supporting my position.

In addition, pursuant to the Fair and Accurate Credit Transaction Act (FACTA) and the

Fair Credit Reporting Act (FCRA) as a victim of identity theft I am requesting that you

provide me with copies of any and all applications and business transaction records

related to the fraudulent account. The copies of the records can be*(mailed to me at the*

*address listed below or faxed to the number listed below)*, In addition, please make

these records available to law enforcement upon their request.

Sincerely,

*Your name*

Enclosures:*(List what you are enclosing.)*

**FAIR CREDIT REPORTING ACT**

Section 609 Disclosure to Consumers (15 U.S.C. 1681g)

(d) Summary of Rights of Identity Theft Victims

(1) In general. The Commission, in consultation with the Federal banking agencies and

the National Credit Union Administration, shall prepare a model summary of the

rights of consumers under this title with respect to the procedures for remedying the

effects of fraud or identity theft involving credit, an electronic fund transfer, or an

account or transaction at or with a financial institution or other creditor.

(2) Summary of rights and contact information. Beginning 60 days after the date on which the model summary of rights is prescribed in final form by the Commission pursuant to paragraph (1),  if any consumer contacts a consumer reporting agency and expresses a beleiff that the consumer is a victim of fraud or identity theft involving credit, an electronic fund transfer, or an account transaction at or with a financial institution or other creditor, the consumer reporting agency shall, in addition to any other action that the agency may take, provide the consumer with a summary of rights that contains all of the information required by the Commission under paragraph (1), and information on how to contact the Commission to obtain more detailed information.

(e) Information Available to Victims

(1)*In general.* For the purpose of documenting fraudulent transactions resulting from

identity theft, not later than 30 days after the date of receipt of a request from a

victim in accordance with paragraph (3), and subject to verification of the identity of

the victim and the claim of identity theft in accordance with paragraph (2), a business

entity that has provided credit to, provided for consideration products, goods, or

services to, accepted payment from, or otherwise entered into a commercial

transaction for consideration with, a person who has allegedly made unauthorized

use of the means of identification of the victim, shall provide a copy of application

and business transaction records in the control of the business entity, whether

maintained by the business entity or by another person on behalf of the business

entity, evidencing any transaction alleged to be a result of identity theft to--

(A) the victim;

(B) any Federal, State, or local government law enforcement agency or officer

specified by the victim in such a request; or

(C) any law enforcement agency investigating the identity theft and authorized

by the victim to take receipt of records provided under this subsection.

(2)*Verification of identity and claim*. Before a business entity provides any information

under paragraph (1), unless the business entity, at its discretion, otherwise

has a high degree of confidence that it knows the identity of the victim making a

request under paragraph (1), the victim shall provide to the business entity—

(A) as proof of positive identification of the victim, at the election of the

business entity–

(i) the presentation of a government-issued identification card;

(ii) personally identifying information of the same type as was provided to

the business entity by the unauthorized person; or

(iii) personally identifying information that the business entity typically

requests from new applicants or for new transactions, at the time of the

victim's request for information, including any documentation

described in clauses (i) and (ii); and

(B) as proof of a claim of identity theft, at the election of the business entity--

(i) a copy of a police report evidencing the claim of the victim of identity

theft; and

(ii) a properly completed--

(I) copy of a standardized affidavit of identity theft developed and made available by the Commission; or

(II) an affidavit of fact that is acceptable to the business entity for

that purpose.

(3)*Procedures*. The request of a victim under paragraph (1) shall--

(A) be in writing;

(B) be mailed to an address specified by the business entity, if any; and

(C) if asked by the business entity, include relevant information about any

transaction alleged to be a result of identity theft to facilitate compliance

with this section including–

(i) if known by the victim (or if readily obtainable by the victim), the date

of the application or transaction; and

(ii) if known by the victim (or if readily obtainable by the victim), any

other identifying information such as an account or transaction

number.

(4)*No charge to victim.* Information required to be provided under paragraph (1)

shall be so provided without charge.

(5)*Authority to decline to provide information*. A business entity may decline to

provide information under paragraph (1) if, in the exercise of good faith, the

business entity determines that--

(A) this subsection does not require disclosure of the information;

(B) after reviewing the information provided pursuant to paragraph (2), the

business entity does not have a high degree of confidence in knowing the

true identity of the individual requesting the information;

(C) the request for the information is based on a misrepresentation of fact by

the individual requesting the information relevant to the request for

information; or

(D) the information requested is Internet navigational data or similar

information about a person's visit to a website or online service.

 CR # \_\_\_\_\_\_\_\_\_\_\_\_

**Boone County Sheriff’s Office**

**Identity Theft Victim Statement**

VICTIM FULL LEGAL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last Sr.,Jr. III

LEGAL NAME AT TIME OF OCCURRENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last Sr., Jr, III

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month / Day / Year

DRIVERS LICENSE OR IDENTIFICATION CARD NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_

OTHER STATES I HAVE HAD IDENTIFICATION ISSUED FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Number City State ZIP

**I HAVE LIVED AT THIS ADDRESS SINCE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Year

**PHONE NUMBER(S)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Evening Cell

**E-MAIL ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS WHEN THE EVENTS OCCURRED** (if different than current address)

Street Number City State ZIP

**I LIVED AT THIS ADDRESS FROM** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Year Month / Year

**TYPES OF IDENTITY THEFT YOU HAVE EXPERIENCED (Check all that apply)**

 Credit Cards Checking or Savings Accounts Loans

Phone or Utilities Securities or other Investments Internet or E-Mail

Government Documents or Benefits Employment Other

**DETAILS OF THE IDENTITY THEFT**

Did you authorize anyone to use your name, personal information or financial information to obtain cash,

credit, property, services or any other thing of value or to make a financial payment? YES NO

Did you receive any benefit, money, goods or services as a result of the events described? YES NO

(Check if applicable)

Your personal or financial information documents (for example checks, credit cards, driver’s license, Social

Security card, etc.) were: STOLEN LOST on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month / Day / Year

 When did you notice you might be a victim of Identity Theft? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month / Day / Year

 When did the Identity Theft first occur (i.e. first account opened)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month / Day / Year

How many accounts (credit cards, loans, bank accounts, phone accounts, etc.) were opened

or accessed? ……………………………………………………………………..$\_\_\_\_\_\_\_\_\_\_\_\_

How much money, if any, have you had to pay?...........................................$\_\_\_\_\_\_\_\_\_\_\_\_\_

How much money, if any, did the identity thief obtain from companies

in your name?..................................................................................................$\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did the identity thief obtain the personal information?**

Burglary or Break In

Financial or Employment Records Compromised / Pretexting

Had access through a relationship with victim

Internet – Solicitation, Purchase or Hacking

Mail Theft or Fraudulent address change

Telephone Solicitation

Wallet or purse containing ID lost or stolen

Other (describe in comment field)

**What other problems, if any, have you experienced as a result of the identity theft?**

No other harm suffered

Civil Suit Filed or Judgment Entered Against You

Criminal Investigation, Arrest or Conviction

Denied Credit or other Financial Services

Denied Employment or Loss of Job

Harassed by Debt Collector or Creditor

Time Lost to Resolve Problems (describe and specify amount in comment field)

Other (describe in comment field)

**DO YOU SUSPECT OR KNOW WHO IS RESPONSIBLE FOR THE THEFT AND TRANSACTIONS?**

 Yes No

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female AGE\_\_\_\_\_\_\_\_ Male Female AGE\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL INFORMATION ADDITIONAL INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INACCURATE INFORMATION ON CREDIT REPORT** (Name, SSN, DOB, etc.) other than accounts

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate which of the following steps, if any, you have already taken to deal with the Identity Theft with the following credit bureaus (check all that apply):**

Called to report the fraud \_\_\_ Equifax \_\_\_Experian \_\_\_Trans Union \_\_\_Other \_\_\_None

Put a Fraud Alert on your report \_\_\_ Equifax \_\_\_Experian \_\_\_Trans Union \_\_\_Other \_\_\_None

Ordered a credit report \_\_\_ Equifax \_\_\_Experian \_\_\_Trans Union \_\_\_Other \_\_\_None

Problem with a credit Bureau? \_\_\_ Equifax \_\_\_Experian \_\_\_Trans Union \_\_\_Other \_\_\_None

**COMPANIES THAT REQUESTED YOUR CREDIT REPORT WITHOUT YOUR KNOWLEDGE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL COMPANIES**

Identify companies or organizations where fraudulent accounts were established or your current accounts

were affected.

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF ACCOUNT (Credit Card, Checking/Savings Account, Loans, Phone/Utilities,

Securities/Investments, Internet / E-Mail, Government Documents/Benefits, Other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ISSUED or MISUSED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Day / Year

AMOUNT THIEF OBTAINED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT LIMIT (s) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE ,FAX, E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU NOTIFIED THIS COMPANY? YES NO

HAVE YOU SENT WRITTEN NOTIFICATION TO THIS COMPANY? YES NO

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF ACCOUNT (Credit Card, Checking/Savings Account, Loans, Phone/Utilities,

Securities/Investments, Internet / E-Mail, Government Documents/Benefits, Other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ISSUED or MISUSED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Day / Year

AMOUNT THIEF OBTAINED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT LIMIT (s) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE ,FAX, E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU NOTIFIED THIS COMPANY? YES NO

HAVE YOU SENT WRITTEN NOTIFICATION TO THIS COMPANY? YES NO

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF ACCOUNT (Credit Card, Checking/Savings Account, Loans, Phone/Utilities,

Securities/Investments, Internet / E-Mail, Government Documents/Benefits, Other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ISSUED or MISUSED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Day / Year

AMOUNT THIEF OBTAINED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT LIMIT (s) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE, FAX, E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU NOTIFIED THIS COMPANY? YES NO

HAVE YOU SENT WRITTEN NOTIFICATION TO THIS COMPANY? YES NO

**EMPLOYERS WHERE PERSONAL INFORMATION WAS MISUSED:**

EMPLOYER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_

INFORMATION THAT WAS MISUSED:

Social Security Number Name Date of Birth

Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES OF EMPLOYMENT: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_

INFORMATION THAT WAS MISUSED:

Social Security Number Name Date of Birth

Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES OF EMPLOYMENT : From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_

INFORMATION THAT WAS MISUSED:

Social Security Number Name Date of Birth

Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES OF EMPLOYMENT : From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the identity theft, including, but not limited to how the theft occurred, how you learned about

the theft, who may be responsible and what actions you have taken since the theft. Please briefly describe

any problems you have had with companies/employers involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ARE YOU WILLING TO ASSIST IN THE INVESTIGATION AND PROSECUTION OF THE**

**OFFENDER(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Signature Date