DAVE YOST
OHIO ATTORNEY GENERAL

Consumer Protection Section
Office 614-466-8831

IDENTITY THEFT NOTIFICATION AND AFFIDAVIT

Please Note: Information you submit with your Notification and Affidavit is considered public information and may be released as part of a public records request. Efforts will be made to safeguard information you are providing as protected by law.

Document Checklist

When submitting this form, please include the following supporting documentation:

- ✓ A **copy** of a valid government-issued photo-identification card (ex. Driver's License, state issued ID card, or passport).
- ✓ A **copy** of the report you filed with the police or sheriff's department.

Personal Information

Tell Us About Yourself: □ Mr. □ Mrs. □ Ms. **Active duty service or immediate family member?** □ Yes

Full Legal Name: _____

E-mail Address: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: ( ) _____ Cell Phone: ( ) _____

Previous Address: _____ Dates: From _____ To _____

City: _____ State: _____ Zip Code: _____

Previous Telephone Number: ( ) _____ Date of Birth: _____

Social Security Number (***last four only***): XXX – XX - ___ ___ ___ ___

Driver's License or Identification Card state and number: _____

Name: _____

How the Fraud Occurred

Review and 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.

☐ I do NOT know who used my information or identification documents to get money, credit, loans, goods, or services without my knowledge or authorization.

☐ To the best of my knowledge and belief, the following person(s) used my information or identification documents to commit identity theft:

Name (if known): _____ Phone Number (if known): _____

Address (if known): _____

Fraudulent Account Statement – Creditor(s)/Collection Agencies

List the entities you would like us to contact. Include copies of bills, invoices, correspondences, etc.

As a result of the events described in this Notification and Affidavit, the following account(s) was/were opened in my name without my knowledge, permission, or authorization using my personal identification or identifying documents:

Name of Creditor/Collector	Account Number	Disputed Amount

Review and check all of the following:

☐ I expressly authorize the Ohio Attorney General's Office to speak with the creditors, collectors, or any other entity listed above regarding the accounts listed above for the sole purpose of resolving any issues related to events described in the Identity Theft Notification and Affidavit.

☐ I expressly authorize the creditors, collectors, or any other entity listed above to speak with the Ohio Attorney General's Office regarding the accounts listed above for the sole purpose of resolving any issues related to events described in the Identity Theft Notification and Affidavit.

Name: _____

Signature

YOUR SIGNATURE MUST BE NOTARIZED

By signing below, I acknowledge and understand that any information I submit to the Ohio Attorney General's Office is considered public information and *may* be released in a public records request. I understand a copy of this form and all relevant documents related to my Notification and Affidavit will be forwarded to the company/companies identified in my Notification and Affidavit. I understand that the Ohio Attorney General cannot serve as my private attorney.

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

_____
SIGNATURE

Sworn to and subscribed in my presence this _____ day of _____, _____

in the City of _____, County of _____, State of Ohio.

_____
NOTARY PUBLIC
My Commission Expires _____

Return to:

The Office of Ohio Attorney General
Consumer Protection Section - Identity Theft Unit
30 East Broad Street, 14th Floor
Columbus, Ohio 43215