



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

The Office of Ohio Attorney General
Consumer Protection Section - Identity Theft Unit
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IDENTITY THEFT AFFIDAVIT

Victim Information

1. Full Legal Name:			
First:	Middle:	Last:	Jr/Sr/III:
2. (If different from above) When the events described in this affidavit took place, I was known as:			
First:	Middle:	Last:	Jr/Sr/III:
3. Date of Birth:	4. Social Security Number:		
5. Driver's license or identification card state and number are:			
6. Current Address:	City:	State:	Zip:
7. I have lived at this address since: (Month/Year)			
8. (If different from above) When the events described in this affidavit took place, my address was:			
Address:	City:	State:	Zip:
9. I lived at the above address from:		to	
(Month/Year)		(Month/Year)	
10. Daytime telephone number is (include area code):			
11. Evening telephone number is (include area code):			

How the Fraud Occurred

Check all that apply for items 12 - 17:

12. <input type="checkbox"/> 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.
13. <input type="checkbox"/> I did not receive any benefit, money, goods, or services as a result of the events described in this report.

Name: _____

14. My identification documents (e.g. credit cards, birth certificate, driver's license, social security card, etc.) were

stolen or lost on or about: _____ (Date)

15. To the best of my knowledge and belief, the following person(s) used my information (for example, name, address, date of birth, social security number, existing account numbers, etc.) or identification documents to get money, credit, loans, goods, or services without my knowledge or authorization:

Name (if known)

Name (if known)

Address (if known)

Address (if known)

Phone Numbers (if known)

Phone Numbers (if known)

Additional Information (if known)

Additional Information (if known)

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

17. Additional comments (for example, description of the fraud, which documents or information were used, or how the identity thief gained access to your information):

(attach additional pages as necessary)

Document Checklist

Please indicate the supporting documentation you are able to provide. Attach copies (NOT originals) to the affidavit.

18. 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.

19. Proof of residency during the time the disputed bill occurred, the loan was made, or 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).

20. 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 law enforcement agency, please indicate that on the below line. Some companies only need the report number, not a copy of the report.

Police Report Number: _____ Police Department Name: _____

Name: _____

Fraudulent Account Statement- Creditors

Completing this Section

- List each and every account you are disputing as a result of the ID Theft (see example below).

I declare (check all that apply):

- To the best of my knowledge, no fraudulent accounts have been opened in my name.
- As a result of the events described in this Affidavit, the following account(s) was/were opened in my name without my knowledge, permission, or authorization using my personal information or identifying documents (use additional pages if necessary):

Creditor Name/Address (the company that opened the account or provided the goods/services)	Account Number	Type of unauthorized credit/goods or services provided by creditor (if known)	Date issued or opened	Amount/Value (\$)
EXAMPLE: Example National Bank 22 Sample Street, Columbus OH 43215	01-23456-789	auto loan	1/5/04	\$32,700

- I expressly authorize the Ohio Attorney General’s Office to speak to the creditor(s) listed above regarding the accounts listed above for the sole purpose of resolving any collections issues related to events described in the ID Theft Affidavit.
- I expressly authorize the creditor(s) as listed above to speak with the Ohio Attorney General’s Office regarding the accounts listed above for the sole purpose of resolving any collections issues related to events described in the ID Theft Affidavit.

Fraudulent Account Statement- Collection Agencies

Completing this Section

- List each and every account placed with a collection agency you are disputing as a result of the ID Theft (see example below).
- If a collection agency sent you a letter or notice about the fraudulent account, attach a copy of that document (NOT the original).

Name: _____

I declare (check all that apply):

- To the best of my knowledge, no fraudulent accounts have been opened in my name.
- As a result of the events described in this Affidavit, the following account(s) was/were sent to a collection agency and that agency is actively seeking to collect on the account (use additional pages if necessary):

Collection Agency Name	Collection's Account Number	Original Creditor	Date of last contact	Amount in Collection
EXAMPLE: Example ABC Collection Agency 22 Sample Street, Columbus OH 43215	01-23456-789	National Bank	1/5/04	\$32,700

- I expressly authorize the Ohio Attorney General's Office to speak to the collection agency/agencies listed above regarding the accounts listed above for the sole purpose of resolving any collections issues related to events described in the ID Theft Affidavit.
- I expressly authorize the collection agency/agencies as listed above to speak with the Ohio Attorney General's Office regarding the accounts listed above for the sole purpose of resolving any collections issues related to events described in the ID Theft Affidavit.

Signature

YOUR SIGNATURE MUST BE NOTARIZED

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

Signature

Date Signed

Subscribed and sworn to me this _____ day of _____, 20____.