

**INITIAL VICTIM OF IDENTITY THEFT STATEMENT AND  
FRAUDULENT ACCOUNT INFORMATION REQUEST- Checking Account  
Fraud**

Date: \_\_\_\_\_  
Sent certified, return receipt mail: Number \_\_\_\_\_

TO: \_\_\_\_\_ [Credit Issuer] \_\_\_\_\_ FAX \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ REFERENCE NO. \_\_\_\_\_

FROM: \_\_\_\_\_ [Your Name] \_\_\_\_\_

I have learned that an individual is passing  
\_\_\_\_\_ Checks numbered xxx to xxx for \_\_\_\_\_ (bank name, acct #xxx) were stolen. Be advised  
that this account was closed on \_\_\_\_\_ (date) by the bank upon my request.

\_\_\_\_\_ Checks have been fraudulently created by another person using my name and address as  
the account holder

\_\_\_\_\_ Checks have been fraudulently created by another person using my account number but are  
not part of my true account. (if appropriate, add if a different name was used)

You are hereby being notified that this is a fraudulent situation and a case of identity theft.

Below is my identifying information. I have filed a report with my local police department.  
According to FACTA (effective June 2, 2004) you will be required to comply with this request  
within 30 days.

Further, credit issuers must provide that documentation and information to a police agency  
designated by the impersonated party. I am designating the below named detective(s)/prosecutors  
as additional recipients of all account information and documents you may have regarding this  
situation including video surveillance tape, copies of checks and other transaction records.

Additionally, I hereby request you immediately start an investigation, and remove any entries of  
this account, the application or inquiry records and collection notices from my credit report at  
once. I also wish to speak with a fraud investigator within 30 days about the status of this case.  
Once resolved, I expect a letter of clearance to be sent to me within 10 days.

Do not sell, distribute, trade, exchange, share, donate, giveaway and/or transfer information about  
this fraudulent account with any other entity except with the designated law enforcement agencies  
and prosecutors involved in this case.

Please notify any collection agencies that you may have sent this account to. Please do not assign  
this account to another collection agency. So far these criminals have stolen approximately  
\$ \_\_\_\_\_ in checks or credit charges in my name. We suspect there will be more until they are  
caught.

Be advised that reporting these items to the credit bureaus as collection items or continuing to pursue these debts from me would be considered a violation of the Fair Credit Reporting Act.

Victim Information

1. My full legal name is: \_\_\_\_\_  
  
(If different from above) When the events described in this affidavit took place, I was known as: \_\_\_\_\_
2. My birth date is (day/month/year): \_\_\_\_\_
3. My Social Security number is \_\_\_\_\_
4. My driver's license or identification card number is: State \_\_\_\_\_ # \_\_\_\_\_
5. My current address is: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. I have lived at this address since \_\_\_\_\_ (month/year)
7. (If different from above) When the events described in this affidavit took place, my address was: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
8. I lived at this address from \_\_\_\_\_ until \_\_\_\_\_ (month/year)
9. My daytime telephone number is (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_
10. My evening telephone number is (\_\_\_\_) \_\_\_\_\_
11. My e-mail address is \_\_\_\_\_

How the Fraud Occurred (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.

\_\_\_ My identification documents (ie., credit cards; birth certificate; driver's license; Social Security card, etc.)  were **stolen**  were **lost** on or about \_\_\_\_\_ (day/month/year)

\_\_\_ I don't know who the imposter is at this time or how this happened.

\_\_\_ I have proof that the following person(s) used my information (for example, my name, address, date of birth, existing numbers, Social Security number, mother's maiden name, etc.) or identification documents to obtain money, credit, loans, goods, or services without my

knowledge or authorization: (only fill out if you are certain)

\_\_\_\_\_  
Name (if known)

\_\_\_\_\_  
Name (if known)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Phone number(s) (if known)

\_\_\_\_\_  
Phone number(s) (if known)

\_\_\_\_\_  
additional information (e.g. relationship) additional information (if known)

A report has been made with the following police/sheriff's department.  
I am unable in my state to file a police report. Instead per FACTA I filed an official affidavit  
with the following agency \_\_\_\_\_ (case # \_\_\_\_\_)

Name of agency: \_\_\_\_\_

Case # \_\_\_\_\_

Name of investigator if known: \_\_\_\_\_

Contact information for law enforcement: (address/phone) \_\_\_\_\_

\_\_\_\_\_  
*Signature of victim:* \_\_\_\_\_ *Date* \_\_\_\_\_

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

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

\_\_\_\_\_  
**Imposter's true signature**

\_\_\_\_\_  
**Date**

*Have one witness (non-relative) sign below that you completed and signed this declaration.)*

**Witness:**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(telephone number)

List of enclosed documents: