



**HOLLAND POLICE DEPARTMENT  
IDENTITY THEFT INVESTIGATION PACKET**

My Holland Police Department Complaint number is: \_

# \_\_\_\_\_

Officer \_\_\_\_\_ Voice Mail # \_\_\_\_\_

The detective assigned to your case will speak with you about which sections of this document need to be completed. In some cases, not all sections not needed.

Identity theft cases required the assistance of all victims involved, as accurate personal account information is only known by the victim. In many cases an investigation cannot begin until the investigator receives the information requested in this form. The information provided will be used to organize the investigative case, determine where evidence might be found, develop a theory of how the identity crime occurred, and determine what financial institutions should be contacted.

We recognize that some victims are only interested in the correction of their credit and do not necessarily wish for prosecution; therefore, we request that you only submit this packet to the Holland Police Department if you desire prosecution. It is important to understand that if a suspect is identified and arrested and the case proceeds to court, you as the victim would more than likely be required to appear and testify. The information provided in the “Identity Theft Investigation Packet” may assist you in correcting your credit.

<b>Today's Date</b>	<b>Date of Incident</b>	<b>Law Enforcement Incident Number</b>	
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Driver's License Number/State</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	
<b>Home Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Area Code &amp; Telephone #</b>	<b>Area Code &amp; Cell Phone #</b>	<b>Pager</b>	
<b>E-Mail Address</b>	<b>Employer</b>	<b>Work Address</b>	
<b>Work Area Code &amp; Telephone #</b>			
1: How did you become aware of the identity crime? Briefly describe within this section. Describe in detail within the attached timeline.			

2:	On what date did the fraudulent activity begin?
3:	When did the fraudulent activity begin?
4:	What is the full name, address, birth date, and other identifying information under which the fraudulent activity was made?
5:	Are you aware of any documents and/or identifying information that were stolen and/or compromised; I.E. credit cards, ATM cards, checks, driver's license, etc?
6:	To assist law enforcement in pinpointing when and by whom your information was compromised, it is of value to retrace your actions in recent months with regard to your personal info. This information is not solicited to "blame the victim" for the crime, but to further the investigation toward who might have stolen your personal or financial identifiers. What circumstances and activities have occurred in the last six months may have led to the theft of personal identification? Please include activities done by you and on your behalf by a member of your family or a friend.
	<input type="checkbox"/> I carried my Social Security Card in my wallet.
	<input type="checkbox"/> I carried my bank account passwords, PINs, or codes in my wallet.
	<input type="checkbox"/> I gave out my Social Security Number. If so, to whom?
	<input type="checkbox"/> My mail was stolen. Give approximate date.
	<input type="checkbox"/> I went away, and my mail was held at the Post Office or collected by someone else.
	<input type="checkbox"/> I traveled to another location outside my home area. Where did you go and when?
	<input type="checkbox"/> Mail was diverted from my home, either by a forwarding order or in a way unknown to me.
	<input type="checkbox"/> I did not receive a bill as usual or a credit card bill failed to come in the mail. Which one?
	<input type="checkbox"/> Documentation with my personal information was thrown in the trash without being shredded.
	<input type="checkbox"/> Credit card bills, pre-approved credit card offers, or credit card "convenience" checks in my name was thrown away without being shredded.
	<input type="checkbox"/> My garbage was stolen or gone through.
	<input type="checkbox"/> My ATM receipts and/or credit card receipts were thrown away without being shredded.
	<input type="checkbox"/> My password or PIN was given to someone else.
	<input type="checkbox"/> My home was burglarized.
	<input type="checkbox"/> My car was stolen or burglarized.
	<input type="checkbox"/> My purse or wallet was stolen.
	<input type="checkbox"/> My checkbook was stolen
	<input type="checkbox"/> I recently provided my personal information to a new source. Please list source.
	<input type="checkbox"/> My personal information was given to a telemarketer or telephone solicitor. Please list.
	<input type="checkbox"/> My personal information was given to a door-to-door salesperson or charity fundraiser. Please list.
	<input type="checkbox"/> A charitable donation was made using my personal information. Please list.
	<input type="checkbox"/> My personal information was given to enter a contest or claim a prize I had won. Please list.
	<input type="checkbox"/> I recently opened a new bank account or a new credit card account. Please list.
	<input type="checkbox"/> I re-financed my house or property. Please list.

Online purchases were made using my credit card. Purchases were made through what company?

My personal information was recently included in an e-mail.

I released personal information to a friend or family member. What is the name of that person?

**For any items checked above, please explain the circumstances of the situation in as much detail as possible.**

7: How many purchases over the Internet (retailer or auction sites) have you made in the last six months?

8: What Internet sites have you bought from? Please list all.

9: In the last six months, whom has your Social Security number been given to? Please list all.

10: Do your checks have your Social Security Number or Driver's License Number imprinted on them?

Yes  No If yes, please list retail names where checks have been tendered.

11: Have you written your Social Security Number or Driver's License Number on any checks in the last six months or has a retailer written those numbers on a check?

Yes  No If yes, please list instances and retailer's names.

12: Do you own a business(es) that may be affected by the identity crime?

Yes  No If yes, please list names of businesses.

13: Do you have any information on a suspect in this identity crime case?

Yes  No

How do you believe the theft occurred?

14: Please list all fraudulent accounts that were obtained by use of your name and/or personal identity info (if multiple accounts, please include on the timeline)

Type of account and account number – if a bank account please list the account numbers for checking and savings as well as any other accounts, such as brokerage, pension, etc.

Were there any fraudulent charges?  Yes  No

15: Please list all legitimate accounts in your name/personal identity information which have incurred fraudulent charges or activity.

16: Please list any documents fraudulently obtained in your name; I.E., Driver's License, Social Security cards, etc.

17: Have you contacted the following organizations and requested a Fraud Alert be placed on your account?

Check all that you have contacted about a Fraud Alert.

- Equifax – Date of contact?
- TransUnion – Date of contact?
- Experian – Date of contact?
- Secretary of State / Department of Motor Vehicles.
- Social Security Administration.
- Other – please list.

18: Have you contacted a financial institution, concerning either legitimate or fraudulently opened accounts?

Yes  No

If yes, please list. Please give the name of the financial institution and phone number, name of person with whom you spoke.

In the "Timeline" below please list all fraudulent activity that you are aware of to date, with the locations and addresses where fraudulent applications or purchases were made, such as retailers, banks, etc. List in chronological order, if possible.

For example, "On 09/18/2007 I received a letter from MM Collections stating that I had accumulated \$5,000 worth of charges on American Express Account 1234356789. On 09/18/2007 I called American Express and spoke with Jennifer Martin. She informed me that the account was opened on 05/12/2007 by telephone. I did not open this account, even though it was in my name. The account address was 123 Main St, Anytown, NE. Ms Martin said she would send me an Affidavit of Forgery to complete and return to her." Please include this information in the timeline section.

**TIMELINE**

- Please bring with you to the meeting with the Investigator: all account documents, letter, correspondence, phone records, credit reports, and other documents regarding this case.
- Please make a copy of this completed form for your records.
- Keep and maintain a detailed log of all your correspondence and contacts since completing this form. Keep and maintain all original copies of correspondence related to the crime.

Authority:	1935 PA 59
Compliance:	Voluntary

## **IDENTITY THEFT AFFIDAVIT**

### ***Victim Information***

1. My Full Legal Name \_\_\_\_\_  
(First) (Middle) (Last)
- 2: (If different from above) when the events described in this affidavit took place.  
  
I was known as: \_\_\_\_\_  
(First) (Middle) (Last)
- 3: My date of birth is: \_\_\_\_\_  
(day/month/year)
- 4: My Social Security Number is \_\_\_\_\_
- 5: My driver's license state and number or identification card state and number are:  
\_\_\_\_\_
- 6: My current address is \_\_\_\_\_  
(Street # Street Name Apt # City State Zip Code)
- 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: \_\_\_\_\_  
(Street # Street Name Apt # City State Zip Code)
- 9: I lived at the address in Item 8 from \_\_\_\_\_ until \_\_\_\_\_  
(Month/Year) (Month/Year)
- 10: My daytime telephone number is (\_\_\_\_) \_\_\_\_\_  
  
My evening telephone number is (\_\_\_\_) \_\_\_\_\_

### ***How the Fraud Occurred***

Check all that apply, for items 11 through 17:

- 11:  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.
- 12:  I did not receive any benefit, money, goods or services as a result of the events described in this report.

- 13:  My identification documents (for example: credit cards, birth certificate, driver's license, Social Security card, etc) were:

Stolen or lost on or about \_\_\_\_\_  
(Day/Month/Year)

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

Name (if known)

\_\_\_\_\_

Address (if known)

\_\_\_\_\_

Phone number/s (if known)

\_\_\_\_\_

Additional information

\_\_\_\_\_

\_\_\_\_\_

- 15:  I DO NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.

- 16: Additional Comments: (For example: description of the fraud, which documents or information was used or how the identity thief gained access to your information).

17: (Check only one)

I am willing to assist in the prosecution of the person(s) who committed this fraud.

I am NOT willing to assist in the prosecution of the person(s) who committed this fraud.

18: (Check only one)

I am authorizing the release of this information to law enforcement for the purposes of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

I am NOT authorizing the release of this information to law enforcement for the purposes of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

19: (Check all that apply)

I have  I have NOT reported the events described in this affidavit to the police or other law enforcement agency.

The police  did  did NOT write a report.

*In the event you have contacted the police or other law enforcement agency, please complete the following information.*

Agency #1 Name \_\_\_\_\_  
(Agency name and city location)

Officer/Agency personnel taking report \_\_\_\_\_

Date of Report \_\_\_\_\_

Report number, if any \_\_\_\_\_

Phone number of agency (\_\_\_\_\_) \_\_\_\_\_

Email address, if any \_\_\_\_\_

### ***Documentation Check List***

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.

20:  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 do not 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.

21:  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).

22:  A copy of the report filed with the police or sheriff's office. 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.

I certify that, to the best of my knowledge and belief, all the information on and attached to this Affidavit is true, correct and complete, and made in good faith. I also understand that this Affidavit or the information it contains may be made available to Federal, State and/or Local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. 1001 or other Federal/State/Local criminal statutes and may result in imposition of a fine or imprisonment or both.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary:

Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this Affidavit.

Witness:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_



## **FRAUDULENT ACCOUNT STATEMENT**

### **Completing the Statement**

- Make as many copies of this page as you need. Complete a separate page for each company you are notifying and only send it to that company. Include a copy of your signed Affidavit.
- List only the account(s) you are 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, include a copy of that document (NOT the original).

I declare as a result of the event(s) described in the Identify Theft Affidavit, the following account(s) were/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor	Account #	Unauthorized Credit	Date	Amount
<b>Example:</b> Smith National Bank Address, city, state, zip code	01234567-89	Auto Loan	01/05/2002	\$15,959.54

Creditor	Account #	Unauthorized Credit	Date	Amount

During the time of the accounts described above, I had the following account open with your company:

**Billing Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_