



# Identity Theft Affidavit



Report# \_\_\_\_\_

**This form is NOT to be used for Credit/or Debit card charges on your existing account or for Tax ID Theft**

This form is to be used for New Account or Collection Account Fraud (not check collections), Employment Fraud, and Criminal Identity Theft. Please complete this form as completely as possible.

- 1) If you are reporting a new account fraud where accounts you did not authorized are now on your credit report please also provide a copy of your credit report when making your police report.
- 2) If you are completing this form because you have received a collection notice on an account you did not open please provide a copy of the collection letter as well as any additional paperwork you have regarding this incident.
- 3) If you are completing this form because Bank Accounts have been opened in your name please provide any paperwork from the bank that relates to this offense.
- 4) If you are completing this form because you have been the victim of Employment Fraud, or Criminal Identity Theft please provide any copies of supporting documentation you might have.
- 5) If you have any questions call the Criminal Investigations Division, M-F between 8am-5pm, at (817) 410-3200.



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## Complainant Information

(1) My full legal name is:

\_\_\_\_\_  
(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) My date of birth is \_\_\_\_\_ Mother's maiden name \_\_\_\_\_  
(Day/month/year)

(4) My Social Security number is \_\_\_\_\_

(5) My driver's license or identification card number is \_\_\_\_\_ State \_\_\_\_\_

(6) My current address is

\_\_\_\_\_

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

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(9) My daytime telephone number is (\_\_\_\_) \_\_\_\_\_

(10) My email address or alternate phone number is \_\_\_\_\_

\_\_\_\_\_



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## How the Fraud Occurred

Check all that apply for items 11 - 17:

- (11)  I did not authorize anyone to use my name or personal information to seek the employment, 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 and/or other personal information (for example, credit cards; birth certificate, driver's license, Social Security card, etc.) were stolen ,lost or compromised on or about \_\_\_\_\_.  
(Month/Day/Year)
- (14)  It is unknown how or when my information was compromised
- (15)  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)

\_\_\_\_\_  
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.



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## Victim's Law Enforcement Actions

(17) (Check one) **(I am ) (I am not )** willing to assist in the prosecution of the person(s) who committed this fraud.

(18) (Check one) **(I am ) (I am not )** authorizing the release of any information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

(19) (Check one) **(I have ) (I have not )** reported the events described in this affidavit to other law enforcement agency.

(20) The other police agency **(did ) (did not )** write a report. *In the event you have contacted another law enforcement agency, please complete the following:*

\_\_\_\_\_  
**(Agency #1)** (Officer/Agency personnel taking report)

\_\_\_\_\_  
(Date of report) (Report number, if any)

\_\_\_\_\_  
(Phone number) (Email address, if any)

\_\_\_\_\_  
(Phone number) (Email address, if any)

(21) I am reporting the following types of activity that I have believed have occurred using my personal information



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**A: Fraudulent Account Statement**

I declare that as a result of the event(s) described in this affidavit, account(s) were opened in my name without my knowledge, permission or authorization using my personal identifying information.

**B: Fraudulent Employment**

I declare that as a result of the event(s) described in this affidavit person(s) used my personal information to obtain employment.

(22) The following is a list of accounts, or places of employment that were unauthorized by me and are the basis for this report.

Date	Account#	Company	Location	Amount of Loan



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**I hereby swear and affirm that all the information incorporated in this affidavit is true and accurate to the best of my knowledge. I understand making a false statement is a violation of Texas Penal Code section 37.08 and that I may be prosecuted, if it determined that any portion of this affidavit is knowingly false. I am authorizing any and all entities that may have been party to fraudulent activities using my personal information to release this information to the Grapevine Police Department so that they may investigate this offense.**

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

