## **Identity Theft Victim's Packet**

### **Information and Instructions**

This packet is to be completed once you have contacted the Ottawa County Sheriff's Office and obtained a complaint number related to your identity theft case. Please keep track of your complaint number as creditors, financial institutions, and credit reporting agencies will ask for it.

My Ottawa County Sheriff's Office Complaint Number is:

| #      |             |  |
|--------|-------------|--|
| Deputy | Voicemail # |  |

This packet contains information to assist you in the correction of your credit and to help ensure that you are not responsible for the debts incurred by the identity thief. In addition, this packet includes information that will allow you to obtain financial records related to the fraudulent accounts and provide those records to law enforcement, without which we cannot conduct an investigation for prosecution. 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 Ottawa County Sheriff's Office if you desire prosecution. It is important to understand that in the event that a suspect is identified and arrested and the case proceeds to court, you as the victim would most likely be required to appear and testify.

Completion of dispute letters that provide us with necessary documentation is required before we can begin investigating your case for prosecution. In identity theft cases it is difficult to identify the suspects as they often use inaccurate information such as addresses and phone numbers. Often, the cell phones that identity thieves use are non-traceable, prepaid phones or opened with fraudulent information. Frequently the investigator cannot find evidence to prove who actually used the victim's name and/or personal information over the phone or internet.

It is important to note that even if the suspect cannot be identified for prosecution, it will not affect our ability to correct the fraudulent accounts and remove them from your credit.

NOTE: If you suspect someone is using your personal information for employment and there is no evidence of other identity fraud, please see the section for contacting the Social Security Administration under Additional Useful Information. Do not contact the employer directly as they may warn the suspect employee. It may not be necessary to complete this packet.

If your name and/or information are used by someone else to avoid a traffic ticket or any criminal prosecution, please contact the agency investigating the original crime. It may not be necessary to complete this packet.

### Helpful Hints

- Remember that each creditor has different policies and procedures for correcting fraudulent accounts
- Do not provide originals and be sure to keep copies of everything you provide to the creditors or companies involved in the identity theft
- Write down all dates, times, and the names of individuals you speak to regarding the identity theft and correction of your credit

# **Step 1: Contact Your Bank and Other Credit Card Holders**

If the theft involved existing bank accounts (checking or savings accounts, as well as credit or debit cards), you should do the following:

- Close the account that was used fraudulently or put stop payments on all outstanding checks that might have been written without your knowledge
- Close all credit card accounts that were used fraudulently
- Close any account accessible by debit card if it has been accessed fraudulently
- Open up new accounts protected with a secret password or personal identification number (PIN)

If the identity theft involved the creation of new bank accounts, you should do the following:

- Call the involved financial institution and notify them of the identity theft
- They will likely require additional notification in writing (see Step 4)

## **Step 2: Contact All Three (3) Major Credit Reporting Bureaus**

First request the credit bureaus place a "Fraud Alert" on your file. A fraud alert will put a notice on your credit report that you have been the victim of identity theft. Merchants and financial institutions may opt to contact you directly before any new credit is taken out in your name.

Some states allow for a Security Freeze in which a PIN can be designated on your credit file and subsequently the PIN must then be given in order for credit to be extended. Ask the credit reporting bureaus if your state is participating in the Security Freeze Program.

The following is a list of the three (3) major credit reporting bureaus for victims to report fraud.

Equifax TransUnion Experian

Consumer Fraud Division Fraud Victim Assistance Dept National Consumer Assistance

800-525-6285 800-680-7289 888-397-3742 P.O. Box 740256 P.O. Box 6790 P.O. Box 9530

Atlanta, GA 30374 Alien, TX 75013

<a href="http://www.mytruston.com/blog/">http://www.mytruston.com/blog/</a> – provides useful information related to identity theft and indicates which states participate in the Security Freeze Program

<u>www.annualcreditreport.com</u> – provides one free credit report, per credit bureau agency, per year, with subsequent credit reports available at a nominal fee

## **Step 3: File a Report with the Federal Trade Commission**

You can go online to file an identity theft complaint with the FTC.

http://www.ftc.gov/bcp/edu/microsites/idtheft/ or by calling 1-877-IDTHEFT.

# **Step 4: Contact Creditors Involved in the Identity Theft by Phone and in Writing**

This step involves contacting all the companies or institutions that provided credit or opened new accounts for the suspect or suspects. Some examples include banks, mortgage companies, utility companies, telephone companies, cell phone companies, etc. Provide the creditors with the completed Identity Theft Affidavit (some may require that you use their own affidavit), Letter of Dispute, and a copy of the FACTA Law.

### FTC Identity Theft Affidavit

A copy of the FTC Identity Theft Affidavit can be found at the end of this packet. This is the same affidavit that the FTC makes available to victims of identity theft. The affidavit requests information regarding you as the victim, how the fraud occurred, law enforcement's actions, documentation checklist and Fraudulent Account Statement. NOTE: Some creditors, financial institutions or collection agencies have their own affidavit that you may have to complete.

#### <u>Letter of Dispute</u>

Sample copies of the Letter of Dispute can also be found at the end of this packet. This letter needs to be completed for every creditor involved in the identity theft. The Letter of Dispute

should contain information related to the fraudulent account(s), your dispute of the account(s), and your request for the information to be corrected. In addition, the letter should reference FACTA and make a request for copies of any and all records related to the fraudulent account(s) be provided to you and made available to the Ottawa County Sheriff's Office.

### **FACTA Law**

A portion of the FACTA Law can also be found at the end of this packet. As previously discussed in this packet, FACTA allows for you to obtain copies of any and all records related to the fraudulent account(s). You are then permitted to provide law enforcement with copies of the records you received related to the fraudulent account(s); thereby allowing us to bypass the sometimes difficult process of obtaining subpoenas for the very same information. It also allows you to request the information be made available to the Ottawa County Sheriff's Office. We have found it useful to provide a copy of the FACTA Law with the submission of the Identity Theft Affidavit and Letter of Dispute to the individual creditors.

# Step 5: Submit the Identity Theft Affidavit and Copies of all Information and Records Obtained from the Creditors with Regard to the Fraudulent Account(s)

Send all information to:

Ottawa County Sheriff's Office 12220 Fillmore Street West Olive, MI 49460

To avoid confusion and to ensure that all items are forwarded to the assigned detective, we request that you submit everything at once and if possible to not send items separately. Be sure to reference your complaint number on all items submitted. The information can be hand delivered or mailed. Please remember 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 Ottawa County Sheriff's Office if you desire prosecution and would be willing and available to appear and testify should a suspect be identified and arrested.

### **Additional Useful Information**

Other entities you may want to report your identity theft to:

 Post Office – Contact your local postal inspector if you suspect that your mail has been stolen or diverted with a false change of address. You can obtain the address and telephone number of the postal inspector for your area at the United States Postal Service website:

http://www.usps.com/postmasterfinder/

or 1-800-275-8777

- Social Security Administration
  - o If you suspect that someone is using your social security number to obtain employment, contact the Social Security Administration's fraud hotline at 1-800-269-0271
  - Order a copy of your Personal Earnings and Benefit Estimate Statement (PEBES) to check the accuracy of your work history on file with the Social Security Administration. You can obtain a PEBES application at your local Social Security office or at <a href="http://www.ssa.gov/online/ssa-7004.html">http://www.ssa.gov/online/ssa-7004.html</a>
- State Department If your passport has been stolen, notify the passport office in writing. You can obtain additional information from the State Department's website at:

### http://travel.state.gov/passport/lost/lost\_849.html

• If you are contacted by a collection agency about a debt for which you are not responsible, immediately notify them that you did not create the debt and that you are a victim of identity theft. Follow up with the collection agency and creditor in writing and include a copy of your police report, Identity Theft Affidavit, Letter of Dispute, and a copy of the FACTA Law.

# **Identity Theft Affidavit**

| Victim Information                        |  |  |                                 |                            |
|---|--|--|---------------------------------|----------------------------|
| 1. My Full Legal Nan                      | me                                       |  |                                 |                            |
|   | (First)                                  | (                                      | (Middle)                        | (Last)                     |
|   | bove) When the ev                        |  |                                 | it took place, I was known |
| (First)                                   | (Middle)                                 |  | (Last)                          | (Jr., Sr.)                 |
| 3. My date of birth is                    |  | (day/mont                              | h/year)                         |                            |
| 4. My Social Security                     | Number is                                |  |                                 |                            |
| 5. My driver's license                    | or identification c                      | ard state and nur                      | mber are                        |                            |
| 6. My current address                     | s is                                     |  |                                 |                            |
| City                                      |  | State                                  |                                 | Zip Code                   |
| 7. I have lived at this                   | address since                            |  |                                 |                            |
|   |  |  | (Month/Yea                      | ur)                        |
| 8. (If different from a                   | bove) when the ev                        | ents described in                      | this affidav                    | it took place, my address  |
| was                                       | City                                     |  | State                           | Zip                        |
| 9. I lived at the address                 |  | until<br>Month/year) (                 |                                 | ı                          |
| 10. My daytime telep                      | hone number is (_                        | )                                      |                                 |                            |
| My evening teleph                         | none number is (                         | )                                      |                                 |                            |
|   |  |  |                                 |                            |
| How the Fraud Occur                       | red                                      |  |                                 |                            |
| Check all that apply for                  | items 11-17:                             |  |                                 |                            |
| 11 I did n information to in this report, | ot authorize anyor<br>seek the money, co | ne to use my nam<br>redit, loans, good | ne or persona<br>ls or services | l<br>described             |
| 12 I did n<br>of the events de            | ot receive any ben                       | efit, money, goo                       | ds or service                   | s as a result              |

| 13My identification documents (for example, credit cards, birth certificate, driver's license, Social Security card, etc.) were:  |
|---|
| Stolen/lost on or about   |
| (Day/month/year)  |
| 4 To the best of my knowledge and belief, the following person(s) used my nformation (for example, my name, address, date of birth, existing account numbers, Social ecurity number, mother's maiden name, etc.) or identification documents to get money, redit, loans, goods or services without my knowledge or authorization: |
| Name (if known)   |
| Address (if known)  |
| Phone number(s) (if known)  |
| Additional information  |
| 5. I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization   |
| 6. Additional Comments: (For example, description of the fraud, which documents or information was used or how the identity thief gained access to your information)  |
|   |
|   |
|   |
|   |
|   |

| Victim's Law Enforcement Actions   |
|--|
| 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.   |
| 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 haveI 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)  |
| (Officer/Agency personnel taking report)   |
| (Date of Report)   |
| (Report number, if any)  |
| (Phone number)   |
| (Email address, if any)  |

### Documentation Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan 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 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.

- 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 or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

| Signature   | Date   |
|---|--|
| Notary  |  |
| Check with each company. Creditors sometimes (non-relative) sign below that you completed and | require notarization. If they do not, please have one witness signed this Affidavit. |
| Witness:  |  |
| Signature   | Printed Name   |
| Date_   | 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're notifying and only send it to that company. Include a copy of your signed Affidavit.
- List only the account(s) you're 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, attach a copy of that document (NOT the original).

I declare as result of the event(s) described in the Identity Theft Affidavit, the following account(s) was/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      |
|------------------|-------------|---------------------|------------|-------------|
| Example          | 01234567-89 | Auto Loan           | 01/05/2002 | \$25,500.00 |
| Example National |             |                     |            |             |
| Bank             |             |                     |            |             |
|                  |             |                     |            |             |
|                  |             |                     |            |             |
|                  |             |                     |            |             |
|                  |             |                     |            |             |
|                  |             |                     |            |             |
|                  |             |                     |            |             |
|                  |             |                     |            |             |

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

| Billing name:     |  |
|-------------------|--|
| Billing address:  |  |
| Account number: _ |  |

# **Sample Dispute Letter**

Date You're Name Your Address City, State, Zip Code

Complaint Department Name of Company Address City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute the following information in my file. I have circled the items I dispute on the attached copy of the report I received.

This item (identify item(s) disputed by name of source, such as creditors or tax court, and identify type of item, such as credit account, judgment, etc.) is (inaccurate or incomplete) because (describe what is inaccurate or incomplete and why). I am requesting that the item be removed (or request another specific change) to correct the information.

Enclosed are copies of (use this sentence if applicable and describe any enclosed documentation, such as a police report, Identity Theft Affidavit, payment records, court documents) supporting my position. Please reinvestigate this (these) matter(s) and (delete or correct) the disputed item(s) as soon as possible.

In addition, pursuant to FACTA, as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below. In addition, please make these records available to the Ottawa County Sheriff's Office upon their request.

Sincerely,

Your name

Enclosures: (List what you are enclosing.)

# **Sample Dispute Letter for Existing Accounts**

Date
You're Name
You're Address
Your City, State, Zip Code
You're Account Number

Name of Creditor Billing Inquiries Address City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute a fraudulent (charge or debit) on my account in the amount of \$\_\_\_\_\_\_. I am a victim of identity theft and I did not make this (charge or debit). I am requesting that the (charge be removed or the debit reinstated), that any finance and other charges related to the fraudulent amount be credited, as well, and that I receive an accurate statement.

Enclosed are copies of (use this sentence to describe any enclosed information, such as a police report or Identity Theft Affidavit) supporting my position. Please investigate this matter and correct the fraudulent (charge or debit) as soon as possible.

In addition, pursuant to.....as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent accounts. The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below). In addition, please make these records available to the Ottawa County Sheriff's Office upon their request.

Sincerely,

Your name

Enclosures: (List what you are enclosing.)