



ID THEFT COMPLAINT FORM

Victim Information:

- 1. Full legal name: (First) (Middle) (Last) (Jr., Sr., III)
2. Date of birth: (month / day / year) 4. Social Security Number:
3. Driver's License or ID card number: State
4. Current address: City State Zip Code
5. Telephone numbers: Daytime: Evening: Cell:

How the Fraud Occurred:

Check all items that apply:

- 6. I did not authorize anyone to use my name or personal information to obtain any DMV license, registration or service.
7. My identification documents (i.e. birth certificate, Social Security card, driver's license) were:
[] stolen [] lost on or about (month / day / year) [] neither (describe at # 9)
8. I do NOT know who used my information or identification documents to get DMV services in my name without my knowledge or authorization. If you DO know who used your documents, please provide that information below.
9. Additional Comments: Please describe the fraud which has occurred listing which documents or information were used and describe how the identity thief gained access to your information (if known). Use back of document if needed.

Signatures:

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.

(Signature)

(Date)

(Notary or DMV Representative)

(Date)