

Information for the Victim of Financial Crime

This information is being provided to you by the Grandview Police Department to assist you in dealing with the effects of Identity Theft. This is not intended to and should not be used in lieu of legal counsel.

This packet is to be completed when you make a report of a financial crime such as identity theft, credit/debit card abuse or forgery. You will be given a case number. This case number is required for some of the blanks on the attached forms. Please retain your case number as creditors, financial institutions and credit reporting agencies will ask for it.

My Grandview Police Department report number is:

This packet is designed to provide the Grandview Police Department with information necessary to investigate your allegation. This packet also contains information to assist you in the correction of your credit records and to help ensure that you are not responsible for the debt incurred by the identity thief. It is important to understand that in the event 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 to information you provide on the attached affidavit.

Limiting Credit Damage and Correcting Fraudulent Information

Repairing the damage done to your credit by an identity thief can be a time consuming and frustrating process. Keep in mind that when dealing with creditors, each creditor has different policies and procedures for correcting fraudulent information. Do not provide original documents and be sure to keep copies of everything you provide to the creditors. Write down the dates, times and names of persons you speak with regarding your identity theft as this information may be useful to the Detective/Officer assigned to your case.

Step 1: Contact your bank and other card issuers involved in your identity theft. If the theft involved checking, savings or credit accounts you should do the following:

- Contact the financial institution involved and file a fraud report with them. Each institution has a different fraud report they require.
- Close the account that was used fraudulently and if checks are involved place stop-payment on the checks you did not write and have not yet been processed. Normally, if the account was a legitimate account that was used fraudulently, the institution will simply issue a new account for you.
- Create new personal identification numbers (PIN) for accounts that use them. Avoid using PINs that could be easily guessed and never write the PIN on the card or anything that you carry with you.

Step 2: Contact all three major credit reporting bureaus and place a fraud alert on your file. With the fraud alert, merchants and financial institutions *may* opt to contact you directly before any new credit is issued in your name. A Security Freeze may also be issued in which a PIN number would be required for credit to be extended. Consult the credit reporting agency to see if a Security Freeze is right for your situation and learn how to setup a Security Freeze.

- Equifax: 1-800-525-6285 www.equifax.com
- Experian: 1-888-397-3742 www.experian.com
- TransUnion: 1-800-680-7289 www.transunion.com

Step 3: File a report with the Federal Trade Commission. You can do so online at <http://www.ftc.gov/bcp/edu/microsites/idtheft> or by calling 1-877-IDTHEFT.

Step 4: Contact creditors involved in your Identity Theft by phone and in writing. Some of these creditors include banks, mortgage companies, utility companies, telephone companies and cell phone companies. Provide these creditors with a Letter of Dispute. Some may require you to complete another fraud affidavit. Please request the creditor be authorized to release information to the Grandview Police Department. A sample Letter of Dispute is included at the end of this packet.

(Retain this page for your records)

Step 5: Submit the Identity Theft Affidavit and copies to the Grandview Police Department. If you have not returned this packet to the reporting officer, please mail or hand deliver this packet to:

Grandview Police Department
306 East Criner Street/P.O. Box 506
Grandview, Texas 76050

To be sure that all items are delivered to the correct Officer, please make sure your case number is clearly printed on each page. Make sure you return this packet within 10 days.

Additional Useful Information

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

- Post Office – If you suspect that your mail has been stolen or diverted with a false change of address request, contact your local postal inspector. You can obtain the address and telephone number of the postal inspector for your area at the United States Postal Service website: <https://postalinspectors.uspis.gov> or by calling 877-876-2455.
- Social Security Administration – if you suspect that someone is using your social security number to obtain employment, contact the Social Security Administration's fraud hotline at 800-269-0271. Order a copy of your Personal Earnings and Benefits 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 <http://www.ssa.gov>.
- 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: 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 Letter of Dispute and a copy of the FACTA Law.

Fair and Accurate Credit Transactions Act (FACTA) of 2004

This is an excerpt from the FACTA and is not the entire statute. You should include a copy of this excerpt with all correspondence regarding your identity theft. For a complete copy of this statute, enter 'FACTA' in your favorite internet search engine.

SEC. 151. SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS.

(a) In General.--

(1) Summary.--Section 609 of the Fair Credit Reporting Act (15 U.S.C. 1681g) is amended by adding at the end the following:

“(d) Summary of Rights of Identity Theft Victims.--

“(1) In general.--The Commission, in consultation with the Federal banking agencies and the National Credit Union Administration, shall prepare a model summary of the rights of consumers under this title with respect to the procedures for remedying the effects of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor.

“(2) Summary.--Beginning 60 days after the date on which the model summary of rights is prescribed in final form by the Commission pursuant to paragraph (1), if any consumer contacts a consumer reporting agency and expresses a belief that the consumer is a victim of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor, the consumer reporting agency shall, in addition to any other action that the agency may take, provide the consumer with a summary of rights that contains all of the information required by the Commission under paragraph (1), and information on how to contact the Commission to obtain more detailed information.

“(e) Information Available to Victims.--

“(1) In general.--For the purpose of documenting fraudulent transactions resulting from identity theft, not later than 30 days after the date of receipt of a request from a victim in accordance with paragraph (3), and subject to verification of the identity of the victim and the claim of identity theft in accordance with paragraph (2), a business entity that has provided credit to, provided for consideration products, goods, or services to, accepted payment from, or otherwise entered into

a commercial transaction for consideration with, a person who has allegedly made unauthorized use of the means of identification of the victim, shall provide a copy of application and business transaction records in the control of the business entity, whether maintained by the business entity or by another person on behalf of the business entity, evidencing any transaction alleged to be a result of identity theft to—

(Retain this page for your records)

“(A) the victim;

“(B) any Federal, State, or local government law enforcement agency or officer specified by the victim in such a request; or

“(C) any law enforcement agency investigating the identity theft and authorized by the victim to take receipt of records provided under this subsection.

“(2) Verification of identity and claim.--Before a business entity provides any information under paragraph (1), unless the business entity, at its discretion, otherwise has a high degree of confidence that it knows the identity of the victim making a request under paragraph (1), the victim shall provide to the business entity--

“(A) as proof of positive identification of the victim, at the election of the business entity--

“(i) the presentation of a government-issued identification card;

“(ii) personally identifying information of the same type as was provided to the business entity by the unauthorized person; or

“(iii) personally identifying information that the business entity typically requests from new applicants or for new transactions, at the time of the victim's request for information, including any documentation described in clauses (i) and (ii); and

“(B) as proof of a claim of identity theft, at the election of the business entity--

“(i) a copy of a police report evidencing the claim of the victim of identity theft; and

“(ii) a properly completed--

“(I) copy of a standardized affidavit of identity theft developed and made available by the Commission; or

“(II) an affidavit of fact that is acceptable to the business entity for that purpose.

“(3) Procedures.--The request of a victim under paragraph (1) shall--

“(A) be in writing;

“(B) be mailed to an address specified by the business entity, if any; and

“(C) if asked by the business entity, include relevant information about any transaction alleged to be a result of identity theft to facilitate compliance with this section including--

“(i) if known by the victim (or if readily obtainable by the victim), the date of the application or transaction; and

“(ii) if known by the victim (or if readily obtainable by the victim), any other identifying information such as an account or transaction number.

“(4) No charge to victim.--Information required to be provided under paragraph (1) shall be so provided without charge.

“(5) Authority to decline to provide information.--A business entity may decline to provide information under paragraph (1) if, in the exercise of good faith, the business entity determines that--

“(A) this subsection does not require disclosure of the information;

“(B) after reviewing the information provided pursuant to paragraph (2), the business entity does not have a high degree of confidence in knowing the true identity of the individual requesting the information;

“(C) the request for the information is based on a misrepresentation of fact by the individual requesting the information relevant to the request for information; or

“(D) the information requested is Internet navigational data or similar information about a person's visit to a website or online service.

Sample Dispute Letter

This is an example letter that you may send to a credit reporting agency or a creditor who holds an account opened fraudulently in your name or with your identifying information. You should include a copy of your credit history showing the fraudulent account as well as other documents that support your claim such as proof of residency or other paperwork. You should mark out all but the last four digits of your social security number if it appears on any of these documents. When completing your letter, replace the segments in brackets and in italics with the appropriate information.

Date

Your Name

Your Address, City, State, Zip Code

Recipient Company Name

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 credit report I received.

This item [*identify item(s) disputed by name of source, such as creditor, and identify type of item, such as credit account*] 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, and / or court documents*] supporting my position. Please reinvestigate this [*these*] matters[s] and [*delete or correct*] the disputed items[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 accounts[s]. The copies of the records can be mailed to me at the address listed above or faxed to [*fax number*]. In addition, please make these records available to the Grandview Police Department upon their request.

Sincerely,
Your Name

Enclosures: [*list what you are enclosing*]

(Retain this page for your records)

Sample Dispute Letter for Existing Accounts

This is an example letter that you may send to a creditor who holds an account that is legitimately yours but was used fraudulently by someone else. You should include a copy of statements or other documents that reflect the fraudulent activity as well as any other documents that may support your claim. Different creditors have different policies and procedures for disputing charges. This letter may not be necessary for all creditors. Contact your creditor and request instructions based on their policies and procedures. You should mark out all but the last four digits of your social security number if it appears on any of these documents. When completing your letter, replace the segments in brackets and in italics with the appropriate information.

Date

Your Name

Your Address, City, State, Zip Code

Recipient Company Name

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 / debit reinstated*], that any finance and other charges related to the fraudulent amount be credited, as well, and that I received 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 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 above or faxed to [*fax number*]. In addition, please make these records available to the Grandview Police Department upon their request.

Sincerely,
Your Name

Enclosures: [*list what you are enclosing*]

Instructions for Completing the Affidavit

Please print clearly and be as accurate and complete as possible. Incorrect or incomplete information will slow down the process of investigating your case. Attach copies of any supporting documents (i.e. copies of checks, credit card statements, letters, etc.).

The ID Theft Affidavit must be completed and returned to the Police Department within ten (10) business days. If you do not return the ID Theft Affidavit within ten (10) business days, the Detective/Officer will not have sufficient information to pursue your claim and your case will be suspended.

Obtain copies of your credit reports from the credit reporting agencies below and forward these reports to the Grandview Police Department as soon as you receive them.

- Equifax: 1-800-525-6285 www.equifax.com
- Experian: 1-888-397-3742 www.experian.com
- TransUnion: 1-800-680-7289 www.transunion.com

(Retain this page for your records)

Victim's Name: _____ Case #: _____



ID THEFT AFFIDAVIT

Victim Information

Name: _____
(Last, First, Middle, Jr., Sr., III, IV, etc.)

Date of Birth: _____ Social Security #: _____ Driver's License #: _____
(MM /DD /YYYY)

Physical Address: _____
(Street, City, State, ZIP)

What month and year did you move to the current address? _____

Mailing Address: _____
(Street, City, State, ZIP)

If your address was different when this offense took place, list your previous addresses and dates you resided at these addresses since the offense began:

Daytime Telephone Number: _____
(Include Area Code)

Evening Telephone Number: _____
(Include Area Code)

Email address _____

Victim's Name: _____ Case #: _____

How the Fraud Occurred

Check all that apply for items 1-6:

1. I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this affidavit.

2. I did not receive any benefit, money, goods or services as a result of the events described in this affidavit.

3. My identification information (i.e. credit cards, birth certificate, driver's license, social security number, etc.) was

- Stolen on or about _____ (Police Report #/Agency _____)
- Lost on or about _____ (Police Report #/Agency _____)
- Acquired by unknown means.

4. To the best of my knowledge and belief, the following persons(s) used my information or identification information to get money, credit, loans, goods or services without my knowledge or authorization (provide all identifying information available for the person(s) you believe is/are responsible for this offense):

5. I do not know who used my identification information to get money, credit, loans, goods or services without my knowledge or authorization.

6. Additional information / comments: _____

Fraudulent Account Statement

Make as many copies of this page as you need. List accounts opened fraudulently and or existing legitimate accounts that were used fraudulently. If an existing legitimate account was used fraudulently, detail the fraudulent transactions below. If a collection agency sent you a statement, letter or notice about the account, attach a copy of that document.

In the below table, enter all known information. In the Date column, enter the date first used if the account is legitimate or if the account was opened fraudulently, enter the date the account was opened.

Mark UNKNOWN for information requested that you do not have.

Creditor Name, Address and Telephone	Account Number (if a card was used and has a different number, include the card number)	Type of Account (Auto, Mortgage, Credit Card, etc.)	Date Used or Opened	Dollar Amount of Fraud
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Victim's Name: _____ Case #: _____

Affirmation Signature

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 understand that knowingly making any false or fraudulent statement or representation may constitute a violation of federal, state or local criminal statutes.

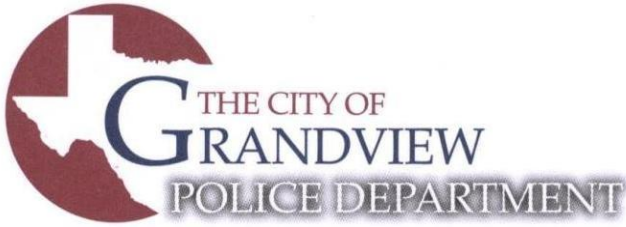
Affiant Signature

Date

SUBSCRIBED AND SWORN TO BEFORE ME this the _____ day of _____, _____.

Notary Public

(Seal)



Release of Records Affidavit

Complete one Release of Records Affidavit for each organization (i.e. bank, credit card company, utility company, etc.) that holds information / records that are relevant to this case. This form must be complete. **An incomplete affidavit is void.**

Date: _____

I, _____, am requesting _____
(Name as it appears the creditor's records) (Creditor's name)

_____ to release any and all information to a Criminal Investigator

with the Grandview Police Department for the ongoing criminal investigation listed as Case Number

_____.

I release _____ of any and all civil liability that may
(Creditor's name)

result in the release of this information.

Affiant Signature

Date

SUBSCRIBED AND SWORN TO BEFORE ME this the _____ day of _____, _____.

Notary Public

(seal)

DECLARATION OF IDENTITY MISUSE / THEFT & CONSENT DOCUMENT

Name: _____
Place of Birth (City, State, Country, ZIP): _____
Sex: _____ Race: _____ Ethnicity: Hispanic / Non Hispanic Height: _____ Weight: _____ Hair: _____
Date of Birth: _____ Social Security #: _____
Date of ID Theft Report: _____
Address of Individual Filing Report:
Street / P.O. Box: _____
City / State / ZIP: _____

Password (alpha numeric combination of 20 characters or less): _____

Optional Information:

Scars / Marks / Tattoos: _____

Driver License Number: _____ DL State: _____ DL Exp: _____

ID Number: _____ ID State: _____ ID Exp: _____

A.K.A. (maiden names etc.): _____

By signing this document, I hereby provide permission for law enforcement officials to enter my personal data into the Texas Department of Public Safety's (TxDPS) Automated Fingerprint Identification System (AFIS) and both the TxDPS and Federal Bureau of Investigation's (FBI) Identity Theft files. This information may include, but is not limited to, physical descriptors and identifying information I have provided for future identification verification purposes. I am also providing permission to enter my photograph and fingerprints into this file when / where that capability is available. I understand that the information will be available to entities having access to the TxDPS Crime Information Center (TCIC) and the FBI's National Crime Information Center (NCIC) files for any authorized purposes. I am providing this data voluntarily as a means to memorialize my claim of identity theft and to designate a unique password to be used for future identity verification purposes.

I understand that the FBI intends to remove this information from the active files no later than five years from the date of entry. I understand that I may, at any time, submit a written request to the entering agency to have this information removed from the active identity theft file at an earlier date. I further understand that information removed from the active file will not, thereafter, be accessible via TCIC/NCIC terminals, but it will be retained as a permanent record in the TxDPS AFIS and the FBI as a record of the entries until such time as its deletion may be authorized by the National Archives and Records Administration (NARA).

I understand that this is a legally binding document reflecting my intent to have personal data entered into the TxDPS's AFIS and the TxDPS's and FBI's Identity Theft files. I declare under penalty of perjury that the foregoing is true and correct. (See 28 U.S.C. § 1746)

Complainant Signature

Date

DECLARATION OF IDENTITY MISUSE / THEFT & CONSENT DOCUMENT

(Continued)

Name: _____

OCA: _____

The privacy Act of 1974 (5 United States Code § 552a) requires that Federal, State or Local agencies inform individuals whose social security number is being requested whether such disclosure is mandatory or voluntary, the basis of authority for such solicitation, and the uses which will be made of it. Accordingly, disclosure of your social security number is voluntary; it is being requested pursuant to 28 U.S.C. § 534 and Texas government Code, Section § 411.0421 for the purposes described herein. The social security number will be used as an identification tool; consequently, failure to provide the number may result in a reduced ability to make such identifications or provide identity verifications.

This Identity Theft Declaration and Consent Form is filed, in conjunction with 28 U.S.C. § 534 and Texas Government Code, Section § 411.0421 as a result of the named individual's identity being used by another person to frustrate proper law enforcement, without their consent.

District / County Attorney Signature

Date

Sheriff Signature

Agency ORI

Date

Please mail to:

Texas Department of Public Safety
Crime Records Service – MSC 0230
P.O. Box 4143
Austin, Texas 78765-4143