IDENTITY THEFT

JOHNSON COUNTY SHERIFF'S OFFICE VICTIM INFORMATION AND GUIDELINES

(Updated August 2016)

The following information and internet links can be found at the Johnson County web site located at www.johnson-county.com, Departments, Sheriff, and News.

Identity theft is a serious crime. It can disrupt your finances, credit history, and reputation. It can and will take time, money, and patience to resolve. Identity theft happens when someone steals your personal information and uses it without your permission. It is one of the fastest growing crimes in the United States. Technological advances of the 21^{st} century present an increased risk for identity theft. Each year, many unsuspecting members of the general public become victims of this crime. It adversely affects consumers' credit ratings and is responsible for billions of dollars in financial losses to individuals and businesses each year. The Johnson County Sheriff's Office works with other local, state, and federal law enforcement agencies in an effort to investigate crimes and enforce laws concerning identity theft.

If you are a victim of identity theft it is very important that you do not procrastinate. The sooner you take action to limit the damage the better off you will be. Your initial step should be to visit the Federal Trade Commission web site www.identitytheft.gov. It is the federal government's one-stop resource for identity theft victims. The site provides streamlined checklists and sample letters to guide you through the recovery process. It is necessary to go to the web site and file an *identity theft complaint*. In addition, there are other valuable services provided by the FTC web site. They include; aiding you in placing fraud alerts and/or a credit freeze with the credit reporting agencies; assisting you in taking the necessary steps to repair your identity and credit; and protecting you from further loss and damage.

The additional links below are provided for your information. They have been disseminated by the FTC and the Iowa Attorney General's Office.

<u>www.consumer.ftc.gov/articles/pdf-0009-taking-charge.pdf</u> <u>www.iowaattorneygeneral.gov/for-consumers/general-consumer-information/identity-theft/</u>

The Johnson County Sheriff's Office will investigate identity theft crimes. In order for us to do so the **Identity Theft Victim's Complaint and Affidavit** form below will need to be completed and returned to the Sheriff's Office. At that time a Detective will be assigned to investigate your specific case.

The complaint and affidavit below is identical to the one supplied by the Federal Trade Commission and can also be found in the "taking-charge" pdf link listed above. The form can be filled out on-line and then printed and returned to the Sheriff's Office. To fill out the form on-line within the PDF file it is necessary to first click on the "Fill and Sign" tab located on the upper right corner. A box will then open allowing text to be added into the form. Once complete you can save and or print the form.

There are specific instructions for victims of **INCOME TAX FRAUD**. They can be found here: www.johnson-county.com/WorkArea/DownloadAsset.aspx?id=17751

The Johnson County Sheriff's Office can be reached at (319) 356-6020.

(Nothing herein is intended to be considered the giving of legal advice)

Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit ftc.gov/idtheft to use a secure online version that you can print for your records.

Before completing this form:

- 1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
- 2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

Nov	I .	
		Leave (3) blank until
(1)	My full legal name:	you provide
(2)	My date of birth:	this form to someone
	mm/dd/yyyy	with a
(3)	My Social Security number:	legitimate business
(4)	My driver's license:State Number	need, like
,	State Number	when you are filing your
(5)	My current street address:	report at the
	·	police station
		or sending the form
	·	to a credit
(6)	I have lived at this address since	reporting agency to
(-)		correct your
(7)	My daytime phone: ()	
	My evening phone: ()	
	My email:	
Att	neTime of the Fraud	
(8)	My full legal name was:	Skip (8) - (10) if your
	First Middle Last Suffix	information
(9)	My address was: Number & Street Name Apartment, Suite, etc.	has not
		changed since the fraud.
	City State Zip Code Country	
(10)	My daytime phone: ()My evening phone: ()_	
` ,	My email:	

Victim'	's Na	me				Phone number	()	Page 2
Abo	out	You (t	he vic	tim) (Conti	nued)			
		tions		/ \	,			
(11)	I	□ did	OR	□ did not	obtain mon	ney, credit, loans	name or personal i , goods, or services ped in this report.	
(12)	I	□ did	OR	☐ did not	=		services, or other beed in this report.	enefit as a
(13)	I	□am	OR	□ am not	_		forcement if charge ommitted the fraud	_
Abou	ut tl	ne Frai	ud					
(14)	l bo	pelieve the following person used my information or identification ocuments to open new accounts, use my existing accounts, or commit other aud. Name:						(14): Enter what you know about anyone you believe was involved
		Address	Firs		Middle	Last	Suffix	(even if you don't have complete information).
				umber & Street	Name	Apar	tment, Suite, etc.	,
			City		State	Zip Code	Country	
		Phone I	Numb	ers: ()		()		
		Additio	nalinf	ormation abo	ut this person	1:		

Victim	's NamePhone	e number ()	Page 3
(15)	Additional information about the crime (for example gained access to your information or which docume used):		•	(14) and (15): Attach additional sheets as needed.
Doo	cumentation			
(16)	I can verify my identity with these documents:			(16): Reminder: Attach copies
	A valid government-issued photo identification card license, state-issued ID card, or my passport). If you are under 16 and don't have a photo-ID, a copy a copy of your official school record showing your enrol acceptable.	of your birth	certificate or	of your identity documents when sending this form to creditors and credit reporting
	Proof of residency during the time the disputed chawas made, or the other event took place (for exampagreement in my name, a utility bill, or an insurance	ole, a copy of		agencies.
Abo	out the Information or Accounts			
(17)	The following personal information (like my name, a birth) in my credit report is inaccurate as a result of		•	er, or date of
	(A)			
	(C)			
(18)	Credit inquiries from these companies appear on m theft:	y credit repo	rt as a result of th	is identity
	Company Name:			
	Company Name:			
	Company Name:			

Victim's Name	Phone number () Page 4
		,

(19) Below are details about the different frauds committed using my personal information.

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected C	heck Number(s)
* *	□Bank □Phone/Utilities ment Benefits □Internet		ner
Select ONE: ☐ This account was o ☐ This was an existin	opened fraudulently. Ig account that someone tai	mpered with.	
Date Opened or Misused (mm	/yyyy) Date Discovered (mm/	yyyy) Total Amo	ount Obtained (\$)
Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected C	heck Number(s)
	□Bank □Phone/Utilities ment Benefits □Internet		ner
Select ONE: ☐ This account was o ☐ This was an existin	opened fraudulently. ng account that someone tai	mpered with.	
Date Opened or Misused (mm	/yyyy) Date Discovered (mm/	yyyy) Total Amo	ount Obtained (\$)
Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected C	heck Number(s)
Account Type: ☐ Credit ☐ Governi	☐Bank ☐Phone/Utilities ment Benefits ☐ Internet		ner
Select ONE: ☐ This account was o ☐ This was an existin	opened fraudulently. Ig account that someone tai	mpered with.	
Date Opened or Misused (mm	/yyyy) Date Discovered (mm/	yyyy) Total Amo	ount Obtained (\$)

(19):
If there were
more than three
frauds, copy this
page blank, and
attach as many
additional copies
as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

Contact Person: Someone you dealt with, whom an investigator can call about this fraud.

Account Number: The number of the credit or debit card, bank account, loan, or other account that was misused.

Dates: Indicate when the thief began to misuse your information and when you discovered the problem.

Amount Obtained: For instance, the total amount purchased with the card or withdrawn from the account.

Victim's	s Name	Phone number ()	Page 5
Your	Law Enforcement R	eport	
(20)	One way to get a credit reported information from appetracted information from appetracted law enforcement rean Identity Theft Report by soffice, along with your supplyour signature and complete important to get your report person or get a copy of the any confirmation letter or of sending this form to credit respective.	(20): Check "I have not" if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable" if you tried to file a report but law enforcement refused to take it	
	☐ I filed an automated below.	ny law enforcement report. report with the law enforcement agency listed erson with the law enforcement	Automated report A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a
Law Er	nforcement Department	State	face-to-face interview with a law enforcement officer.
Report Number		Filing Date (mm/dd/yyyy)	
Officer	's Name (please print)	Officer's Signature	
Badge	Number	()Phone Number	

Did the victim receive a copy of the report from the law enforcement officer? \Box Yes OR \Box No

Victim's FTC complaint number (if available):

Victim'	s Name	Phone number ()	Page 6	
Sig	nature			
As ap		IN THE PRESENCE OF a law enforcement offic	er, a notary, or	
(21)				
Signat	ure	Date Signed (mm/dd/yyyy)		
You	r Affidavit			
(22)	Theft Affidavit to prove t you are not responsible f that you submit different should also check to see	le a report with law enforcement, you may use this of each of the companies where the thief misused you the fraud. While many companies accept this affict forms. Check with each company to see if it accept it requires notarization. If so, sign in the presence witness (non-relative) sign that you completed an	our information that idavit, others require ots this form. You e of a notary. If it	
Notar	У			
Witne	ess:			
Signat	ure	Printed Name		
Date				