



## IDENTITY THEFT NOTIFICATION AND AFFIDAVIT

**Please Note:** Information you submit with your Notification and Affidavit is considered public information and may be released as part of a public records request. Efforts will be made to safeguard information you are providing as protected by law.

### Personal Information

☐ Check here if you **only** wish to receive the Self-Help Guide. The guide contains useful information that will help you address the effects of identity theft. By selecting this option, you will be sent the Self Help Guide, and your complaint will be closed. Should you have any questions throughout the process, please feel free to contact the Ohio Attorney General's Office for assistance.

When choosing this option, **only** provide your name, email address, and current mailing address below.

**Tell Us About Yourself:** ☐ Mr. ☐ Mrs. ☐ Ms. **Active duty service or immediate family member?** ☐ Yes

Full Legal Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Daytime Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

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

Previous Telephone Number: (    ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License or Identification Card state and number: \_\_\_\_\_

Name: \_\_\_\_\_

### How the Fraud Occurred

Review and check all that apply:

☐ I did NOT authorize anyone to use my name or personal information to seek the money, credit, loans, goods, or services described in this report.

☐ I did NOT receive any benefit, money, goods, or services as a result of the events described in this report.

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

☐ To the best of my knowledge and belief, the following person(s) used my information or identification documents to commit identity theft:

Name (if known): \_\_\_\_\_ Phone Number (if known): \_\_\_\_\_

Address (if known): \_\_\_\_\_

### Fraudulent Account Statement – Creditor(s)/Collection Agencies

List the entities you would like us to contact. Include copies of bills, invoices, correspondences, etc.

As a result of the events described in this Notification and Affidavit, the following account(s) was/were opened in my name without my knowledge, permission, or authorization using my personal identification or identifying documents:

Name of Creditor/Collector	Account Number	Disputed Amount

Review and check all of the following:

☐ I expressly authorize the Ohio Attorney General's Office to speak with the creditors, collectors, or any other entity listed above regarding the accounts listed above for the sole purpose of resolving any issues related to events described in the Identity Theft Notification and Affidavit.

☐ I expressly authorize the creditors, collectors, or any other entity listed above to speak with the Ohio Attorney General's Office regarding the accounts listed above for the sole purpose of resolving any issues related to events described in the Identity Theft Notification and Affidavit.

Name: \_\_\_\_\_

### Document Checklist

When submitting this form, please include the following supporting documentation:

- ✓ A **copy** of a valid government-issued photo-identification card (ex. Driver's License, state issued ID card, or passport).
- ✓ A **copy** of the report you filed with the police or sheriff's department.

### Signature

YOUR SIGNATURE MUST BE NOTARIZED

By signing below, I acknowledge and understand that any information I submit to the Ohio Attorney General's Office is considered public information and *may* be released in a public records request. I understand a copy of this form and all relevant documents related to my Notification and Affidavit will be forwarded to the company/companies identified in my Notification and Affidavit. I understand that the Ohio Attorney General cannot serve as my private attorney.

I declare under the penalty of perjury that the information in this Affidavit is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of Ohio.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_