

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 #: _____
(M / D / Y)

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 those addresses.

Daytime Telephone Number: _____
(Include Area Code)

Evening Telephone Number: _____
(Include Area Code)

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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 report.

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

3. My identification information (i.e. credit cards, birth certificate, driver's license, social security number, etc.) was stolen lost on or about _____ 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: _____

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Prosecution Efforts

(check one) I am am not willing to assist in the prosecution of the persons(s) who committed this fraud.

(check one) I am am not authorizing the release of any information necessary (i.e. account information, banking information, etc.) to the Parker County Sheriff's office for the purpose of investigation of this offense.

(check one) I am am not authorizing the release of this affidavit to a creditor that requests a copy of this affidavit.

(check one) I have have not reported the events described in this affidavit to any other law enforcement agency:

Law Enforcement Agency: _____

Date Report Filed: _____

Case Number: _____

Supporting Documentation

I have attached the following supporting documentation: (check all that apply)

- copies of fraudulent / counterfeit checks
- copies of banking statements
- copies of credit card statements
- copies of correspondence
- copies of forgery affidavits
- proof of residency during the course of the identity theft
- copies of valid state or federal issue identification cards or documents
- copies reports filed with other law enforcement agencies
- (other) _____
- (other) _____
- (other) _____
- (other) _____

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Fraudulent Account Statement

Make as many copies of this page as you need. List only accounts opened fraudulently or existing legitimate accounts that were used fraudulently. 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.

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
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

(use additional pages if needed)

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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)

Parker County Sheriff's Office

129 Hogle Street
Weatherford, Texas 76086



Russ Authier
Sheriff

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 in the organization's records) (Organization's name)

to release any and all information to a Criminal Investigator with the Parker County Sheriff's Office for the ongoing criminal investigation listed as Case Number _____.

I release _____ of any and all civil liability that may result in the
(Organization's name)

release of this information.

Affiant Signature Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS IS THE ____ day of _____, _____.

Notary Public

(seal)