



LOCHBUIE POLICE

703 WELD COUNTY ROAD 37 LOCHBUIE, COLORADO 80603

PHONE: (303) 659-1395

FAX: (303) 655-1755

Identity Theft Packet

*****Use this packet when the crime involves the stealing of someone's identity, such as when a victim finds out someone has stolen his or her social security number and is using it for employment. Other examples may be when an account is opened using the victim's personal identifying information or when a suspect uses a victim's credit card. Another example may be when an account is opened using the victim's personal identifying information. *****

CASE NUMBER: _____

OFFICER: _____



Identity Theft Victim's Packet

This packet contains information to assist you in the correction of your credit and to help ensure you are not responsible for the debts incurred by the identity thief. In addition, this packet includes information which will allow you to obtain financial records related to the fraudulent accounts and provide those records to law enforcement, without which we cannot conduct, an investigation for prosecution. We recognize some victims are only interested in the correction of their credit and do not necessarily wish for prosecution; therefore, we request you only submit this packet to the Lochbuie Police Department if you desire prosecution. *It is important to understand 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.*

Completion of dispute letters that provide us with necessary documentation is required before we can begin investigating your case for prosecution. In identity theft cases, it is difficult to identify the suspect(s) as they often use inaccurate information such as addresses and phone numbers. Often, the cell phones identity thieves use are non-traceable prepaid phones or opened with fraudulent information. Frequently, the investigator cannot find evidence to prove who actually used the victim's name and/or personal information over the phone or internet. ***** It is important to note even if the suspect cannot be identified for prosecution, it will not affect your ability to correct fraudulent accounts and remove them from your credit. ***** Furthermore, when you report your identity crime to the Lochbuie Police Department, all of the relevant information from your case is entered into our database which will allow us to cross-reference your report with potential suspects who are involved in/or arrested for other cases.

NOTE:

- If you suspect someone is using your personal information for employment and there is no evidence of other identity fraud, please see the section for contacting the Social Security Administration under additional useful information. Do not contact the employer directly as they may warn the suspect employee. It may be necessary to complete this packet.
- If someone else uses your name and/or information to avoid a traffic ticket or any criminal prosecution, please contact the agency investigating the original crime. It may not be necessary to complete this packet.



Helpful Hints:

- Remember each creditor has different policies and procedures for correcting fraudulent accounts.
- Do not provide originals and be sure to keep copies of everything you provide to the creditors or companies involved in the identity theft.
- Write down all dates, times and the names of individuals you spoke with regarding the identity theft and correction of your credit.

Step 1: Contact your bank and other credit card issuers.

If the theft involved **existing bank accounts** (checking or savings accounts as well as credit or debit cards) you should do the following:

- Close the account that was used fraudulently or put stop payments on all outstanding checks that might have been written without your knowledge.
- Close all credit card accounts that were used fraudulently.
- Close any account accessible by debit card if it has been accessed fraudulently.
- Open up new accounts protected with a secret password or personal identification number (PIN)

If the identification theft involved the creation of **new bank accounts**, you should do the following:

- Call the involved financial institution and notify them of the identity theft.
- They will likely require additional notification in writing (see Step 4).

Step 2: Contact all three (3) major credit reporting bureaus

First request the credit bureaus place a "fraud alert" on your file. A fraud alert will put a notice on your credit report that you have been a victim of identity theft. Merchants and financial institutions may opt to contact you directly before any new credit is taken out in your name. **Some states allow for a security freeze in which a PIN can be designated on your credit file and subsequently the PIN must then be given in order for credit to be extended. Ask the credit reporting bureaus if your state is participating in the Security Freeze Program.**

www.mytruston.com – provides useful information related to identity theft and indicates which states participate in the Security Freeze Program.

www.annualcreditreport.com – provides one free credit report, per credit bureau agency, per year, with subsequent credit reports available at a nominal fee.

The following is a list of the three major credit reporting bureaus for victim's to report fraud:

<u>Equifax</u>	<u>TransUnion</u>	<u>Experian</u>
Consumer Fraud Division	Fraud Victim Assistance Dept.	Nat. Consumer
800-525-6285	800-680-7289	888-397-3742
P.O. Box 740256	P.O. Box 6790	P.O. Box 9530
Atlanta, GA 30374	Fullerton, CA 92834	Allen, TX 75013

Step 3: File a report with the Federal Trade Commission (FTC)

You can go online to file an identity theft complaint with the FTC www.ftccomplaintassistant.gov or by calling 1-877-IDTHEFT (1-877-438-4338); TTY: 1-866-653-4261.

Step 4: Contact Creditors involved in the identity theft by phone and in writing

This step involves contacting all the companies or institutions that provided credit or opened new accounts for the suspect(s). Some examples include banks, mortgage companies, utility companies, telephone companies, cell phone companies, etc. Provide the creditors with the completed Identity Theft Affidavit (some may require you use their affidavit), letter of dispute, and a copy of the FACTA Law.



FCTC Identity Theft Affidavit

A Copy of the FTC Identity Theft Affidavit can be found at the end of this packet. This is the same affidavit the FTC makes available to victims of identity theft. The affidavit requests information regarding you as the victim, how the fraud occurred, law enforcement's actions, documentation checklist and Fraudulent Account Statement. NOTE: Some creditors, financial institutions, or collection agencies have their own affidavit you may have to complete.

Letters of Dispute

Sample copies of the Letters of Dispute can also be found at the end of this packet. This letter needs to be completed for every creditor involved in the identity theft. The letter of dispute should contain information related to the fraudulent account(s), your dispute of the account(s), and your request for the information to be corrected. In addition, the letter should reference FACTA and make a request for copies of any and all records related to the fraudulent accounts provided to you and made available to the Lochbuie Police Department.

FACTA Law

A portion of the FACTA Law can also be found at the end of this packet. As previously discussed in this packet, FACTA allows for you to obtain copies of any and all records related to the fraudulent accounts. You are then permitted to provide law enforcement with copied of the records you received related to the fraudulent accounts; thereby allowing us to bypass the sometimes difficult process of obtaining subpoenas for the very same information. It also allows you to request the information be made available to the Lochbuie Police Department. We have found it useful to provide a copy of the FACTA Law with the submission of the Identity Theft Affidavit and Letter of Dispute to the individual creditors.

Step 5: Submit the Identity Theft Affidavit and copies of all information and records obtained from the creditors with regard to the fraudulent accounts to:

**Lochbuie Police Department
703 Weld County Road 37
Lochbuie, CO 80603**

To avoid confusion and to ensure all items are forwarded to the assigned detective, we request you submit everything at once, and if possible, do not send items separately. The information can be hand-delivered or mailed. **Please remember some victims are only interested in the correction of their credit and do not necessarily wish for prosecution. Therefore, we request you only submit this packet to the Lochbuie Police Department if you desire prosecution and would be willing and available to appear and testify should a suspect be identified and arrested.**

Additional Useful Information

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

- **Post Office** – *If you suspect 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 United States Postal Service website: <http://www.usps.com/nsc.locators/findis.html> or by calling 1-800-275-8777*
- **Social Security Administration** – *If you suspect someone is using your social security number to obtain employment, contact the Social Security Administration's fraud hotline at 1-800-269-0271. Order a copy of your Personal Earnings and Benefit Estimate Statement (PEBES) to check the accuracy of your work history on file with the Social Security office.*
- **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/us/us_848.html*
- **If you are contacted by a collection agency** – *about a debt for which you are not responsible, immediately notify them you did not create the debt and you are a victim of identity theft. Follow up with the collection agency and creditor in writing and include a copy of your police report, ID Theft Affidavit, Letter of Dispute and a copy of the FACTA Law.*



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:

(2)

(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 OF RIGHTS AND CONTACT INFORMATION- 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--

(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.



AUTHORIZATION FOR DISCLOSURE OF FINANCIAL ACCOUNT INFORMATION

I authorize _____
(name/address of account holder) to release the financial information of the individual names below:

Account Holder Name: _____

Bank Name: _____

Bank Address: _____

Bank Contact Person: _____

I authorize the information to be disclosed and discussed with the Lochbuie Police Department and the 17th/19th Judicial Districts.

The type and amount of information to be disclosed is as follows:

Entire bank record from (date) _____ to (date) _____

Entire credit card statement from (date) _____ to (date) _____

Copy of signature card or similar type document showing the account holder(s) signature.

I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, one year from the date of signing or on the date I become an adult according to state law, whichever is earlier. I understand I may revoke the authorization at any time except to the extent that action has been based on this authorization. I understand the revocation must be in writing and presented to the provider named above. I understand my authorization is not needed under some conditions as previously explained pursuant to a notice received from the provider named above and any revocation in writing of this authorization does not affect the ability of the provider named above to disclose information otherwise allowed by law. I understand I have a right to a copy of this authorization.

I understand that authorization for the disclosure of this financial information is voluntary and I can refuse to sign this authorization. I understand any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal law or regulations.

Signature of Account Holder or Authorized Personal Representative

Date

Signature of Account Holder or Authorized Personal Representative

Date



FRAUD REPORTING FORM

***Complete one form for EACH credit/debit card fraudulently used.**

Type of transaction device fraudulently used: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Financial/Checking Account		Was the debit / credit card: <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Still in your possession		
Was a police report filed at the time of the theft or loss of the credit / debit card? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, agency name _____ Case Report # _____				
Card Information:				
<input type="checkbox"/> Debit Card Debit Card Account # _____ Expiration Date: _____ Associated Check Account # _____ Bank: _____ Branch Location: _____ Name as it appears on the card: _____				
<input type="checkbox"/> Credit Card Credit Card Account # _____ Expiration Date: _____ Name as it appears on the card: _____				
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover Other _____				
Type of Fraud:				
<input type="checkbox"/> Unauthorized Use <input type="checkbox"/> Forgery <input type="checkbox"/> Embezzlement <input type="checkbox"/> Identity Theft <input type="checkbox"/> Unauthorized Account/Card <input type="checkbox"/> Internet Fraud <input type="checkbox"/> Other _____				
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Did you report this to your bank?				
<input type="checkbox"/> Yes Contact Name: _____ Contact Phone: _____				
<input type="checkbox"/> No				



ID Theft Affidavit

Victim Information

1. My full legal name is:

(First) (Middle) (Last) (Jr., Sr., III)

2. (If different from above) When the events described in this affidavit took place, I was known as:

(First) (Middle) (Last) (Jr., Sr., III)

3. My date of birth is: _____
(day/month/year)

4. My Social Security Number is: _____

5. My driver's license # or identification card state and number are:

6. My current address is:

City _____ State _____ Zip Code _____

7. I have lived at this address since: _____
(month/year)

8. (If different from above) When the events described in this affidavit took place, my address was:

City _____ State _____ Zip Code _____

9. I lived at the address in Item 8 from _____ until _____
(month/year) (month/year)

10. My daytime telephone number is: (_____) _____
My evening telephone number is: (_____) _____

How the Fraud Occurred

Check all that apply for Items 11-17:

11. I did not authorize anyone to use my name or personal information to seek money, credit, loan, goods or services described in this report. Yes No



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

True False, I did receive _____.

13. My identification documents (for example, credit cards, birth certificates, and driver's licenses, social security card; etc.) were: Stolen Lost on or about _____

(day/month/year)

14. To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge of authorization:

Name (if known)

Name (if known)

Address (if known)

Address (if known)

Phone Number(s) (if known)

Phone Number(s) (if known)

Additional Information

Additional Information

15. I do not know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization: Yes No

16. Additional Comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information)

(Attach additional pages as necessary)



Victim's Law Enforcement Actions

17. (check only one)

- I am willing to assist in the prosecution of the person(s) who committed this fraud.
- I am **NOT** willing to assist in the prosecution of the person(s) who committed this fraud.

18. (check only one)

- I am authorizing the release of this information to law enforcement for the purposes of assisting them in the investigation and prosecution of the person(s) who committed this fraud.
- I am **NOT** authorizing the release of this information to law enforcement for the purposes of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

19. (check all that apply)

- I have **have not** reported the events described in this affidavit to the police or other law enforcement agency.
- The police **did** or **did not** write a report. *In the event you have contacted the police or other law enforcement agency, please complete the following information:*

(Agency #1)

(Officer/Agency personnel taking report)

(Date of Report)

(Report Number, if any)

(Phone Number)

(Email address, if any)

(Agency #2)

(Officer/Agency personnel taking report)

(Date of Report)

(Report Number, if any)

(Phone Number)

(Email address, if any)

Signature

(Signature)

(Date Signed)