

## **Duncanville Police Department**

### **Identity Theft Information**

The attached Identity Theft form is being given to you because you may have been a victim of Identity Theft. Identity Theft is defined as the theft or misuse of personal or financial identifiers in order to gain something of value and/or to facilitate other criminal activity. Identity Theft is a violation of the Texas Penal Code section 32.51 and is a State Jail Felony Offense.

The Duncanville Police Department is diligent in its efforts to apprehend and stop those individuals responsible for committing Identity Theft. This packet is essential in helping the Investigator understand, evaluate, and ultimately bring your case to closure. It is important that you take the time to complete this packet and return it to the Duncanville Police Department. Upon the return of your completed form, it will be assigned to a Financial Crimes Investigator. However, if it is determined the Duncanville Police Department is not the appropriate agency to investigate your case or does not have jurisdiction then the form will be forwarded to the appropriate agency.

The attached Identity Theft form will be used as evidence in court if an arrest is made. It is essential that the information you provide be accurate and true.

If you believe you are a victim of Identity Theft, you should take the following steps to protect yourself and your credit. The sooner you take action to limit the fraudulent use of your personal information, the easier it will be correct any damage already done.

- Complete the attached Identity Theft form and return it to the Duncanville Police Dept.
- Contact the three major credit bureaus and place a "security freeze" on your credit.
- Credit Bureaus
  - Equifax 1-800-525-6285
  - Experian 1-888-397-3742
  - Trans Union 1-800-680-7289
- Obtain a copy of your credit history and check it for unauthorized accounts or lines of credit.
- Contact the Federal Trade Commission and make a report of Identity Theft
  - Identify Theft Hotline 1-877-438-4338
  - <http://www.consumer.gov/idtheft/>
- Contact the fraud department at each creditor, bank or service where unauthorized credit was obtained.

If you believe your personal checks or bank account information has been compromised, you may need to contact the following organizations:

- National Check Fraud Service 1-843-571-2143
- TeleCheck 1-800-710-9898
- CrossCheck 1-707-586-0551
- Equifax Check System 1-800-437-5120

Detach this page from the Identity Theft form and retain it for your records. If you have questions concerning the Identity Theft form, please contact the Duncanville Criminal Investigation Division at 972-780-5037.

Name:

Service No.:

## Identity Theft Form Complainant Information

(1) My full legal name is:

\_\_\_\_\_

(First)

\_\_\_\_\_

(Middle)

\_\_\_\_\_

(Last)

\_\_\_\_\_

(Jr., Sr., III)

(2) (If different from above) When the described events, I was known as:

\_\_\_\_\_

(First)

\_\_\_\_\_

(Middle)

\_\_\_\_\_

(Last)

\_\_\_\_\_

(Jr., Sr., III)

(3) My date of birth is \_\_\_\_\_

(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 \_\_\_\_\_

(7) I have lived at this address since \_\_\_\_\_ (month/year)

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

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(9) My daytime telephone number is \_\_\_\_\_

(10) My email address or alternate phone number \_\_\_\_\_

Name:		Service No.:	
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### 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 the money, credit, loans, goods or services described in this report.

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

(13)  My identification documents (for example, credit cards; birth certificate; driver's license; Social Security card; etc.) were stolen or lost on or about

\_\_\_\_\_  
(Month / Day / 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 or authorization:

\_\_\_\_\_  
Name (if known)

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

\_\_\_\_\_  
Phone number(s) (if known)

\_\_\_\_\_  
Additional Information (if known)

(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.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Service No.: \_\_\_\_\_

**Victim's Law Enforcement Actions**

- (17) (check one) I am  am **not**  willing to assist in the prosecution of the person who committed this fraud.
  
- (18) (check one) I am  am **not**  authorizing the release of any information to law enforcement for the purpose of assisting them in the investigation and the person(s) who committed this fraud.
  
- (19) (check one) I have  have **not**  reported the events described in this form to any other law enforcement agency.
  
- (20) (check one) The other police agency did  did **not**  write a report. *In the event you have contacted another law enforcement agency, please complete the following:*

\_\_\_\_\_  
(Agency #1) (Officer/Agency personnel taking report)

\_\_\_\_\_  
(Date of report) (Report number, if any)

\_\_\_\_\_  
(Phone number) (e-mail address, if any)

\_\_\_\_\_  
(Agency #1) (Officer/Agency personnel taking report)

\_\_\_\_\_  
(Date of report) (Report number, if any)

\_\_\_\_\_  
(Phone number) (e-mail address, if any)

\_\_\_\_\_  
(Agency #1) (Officer/Agency personnel taking report)

\_\_\_\_\_  
(Date of report) (Report number, if any)

\_\_\_\_\_  
(Phone number) (e-mail address, if any)

**I declare all the above information listed in this form is true and accurate to the best of my knowledge. I understand making a false statement is a violation of Texas Penal Code section 37.08 and that may be prosecuted if it determined that any portion of this affidavit is knowingly false.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



Name: \_\_\_\_\_ Service No.: \_\_\_\_\_

**The Duncanville Police Department has increasingly found that retail stores, credit card companies, and banks that have headquarters outside of the State of Texas are not complying with subpoenas not originating from that state. 15 U.S.C. 1681g(e) does require these corporations to provide application/statement copies to law enforcement agencies if you, as the victim, specifically request the documents to be released, as long as certain information is provided. This is ESSENTIAL for the investigation of the offense. The Financial Crimes Unit therefore requests that you provide the following:**

1. A written request from the victim of the identity theft requesting that any available application/statement copies be provided to the Duncanville Police Department;
2. A copy of a government identification card issued to the victim, preferably a state issued driver's license; and
3. The credit card account number and social security number used by the identity thief.