

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)

Victim's Name: \_\_\_\_\_ Case #: \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Victim's Name: \_\_\_\_\_ Case #: \_\_\_\_\_

**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) \_\_\_\_\_

Victim's Name: \_\_\_\_\_ Case #: \_\_\_\_\_

**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)*

Victim's Name: \_\_\_\_\_ Case #: \_\_\_\_\_

**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 DEPARTMENT

129 Hogle Street  
Weatherford, Texas 76086



*Larry Fowler*  
*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 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  
(organization's name)  
that may result in the release of this information.

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(seal)