North Dakota Attorney General
Wayne Stenehjem

Office of Attorney General
ID Theft Affidavit

Victim Information

1. Full Legal Name:
   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. Date of Birth:

4. Social Security Number:

5. Driver's license or identification card state and number are:

6. Current Address: City: State: Zip:

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:
   Address: City: State: Zip:

9. I lived at the above address from: (Month/Year) to (Month/Year)

10. Daytime telephone number is: (Include area code)

11. Evening telephone number is: (Include area code)

Name: _____

Phone: _____

How the Fraud Occurred

Check all that apply for items 11-16:

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 (e.g. credit cards; birth certificate; driver's license; social security card; etc.) were ☐ stolen ☐ lost on or about: _____ .
(Month/Year)

14. ☐ To the best of my knowledge and belief, the following person(s) used my information (for example, name, address, date of birth, social security number, existing account numbers, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or 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 (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 were used, or how the identity thief gained access to your information):

(Attach additional pages as necessary)

Victim's Law Enforcement Actions

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

18. (check one) ☐ I am ☐ I am not authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

19. (check all that apply) ☐ I have ☐ I have not reported the events described in this affidavit to the police or other law enforcement agency. The police ☐ did ☐ did not write a report. In the event you have contacted the police or other law enforcement agency, please complete the following:

(Agency #1)	(Officer/Agency taking report)
(Date of report)	(Report number, if any)
(Phone number)	(E-mail address, if any)
(Agency #2)	(Officer/Agency taking report)
(Date of report)	(Report number, if any)
(Phone number)	(E-mail address, if any)

Documentation Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan to notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

20. ☐ A copy of a valid government-issued photo-identification card (for example, your driver's license, state issued ID card or your passport). If you are under 16 and don't have a photo ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.

21. ☐ Proof of residency during the time the disputed bill occurred, the loan was made, or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill).

22. ☐ A copy of the report you filed with the police or sheriff's department. If you are unable to obtain a report or report number from the law enforcement agency, please indicate that in (19). Some companies only need the report number, not a copy of the report. You may want to check with each company.

Name: _____

Phone: _____

Signature

YOUR SIGNATURE MUST BE NOTARIZED

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

_____ _____

(Signature) (Date signed)

Subscribed and sworn to before me this ____ day of _____, 201 ___ .

(SEAL)

_____

Notary Public

My Commission expires:

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

For Office Use Only

Received and filed: _____

Document No: _____

_____

Parrell D. Grossman, Director
Office of Attorney General
Consumer Protection Division
Gateway Professional Center
1050 E Interstate Ave Suite 200
Bismarck ND 58503-5574
(701) 328-3404

Wayne Stenehjem, Attorney General

Fraudulent Account Statement

Completing this Statement

- Make as many copies of this page as you need. Complete a **separate page** for each company you are notifying and **only send it to that company**. Include a copy of your signed affidavit (pages 1-4).
- List only the account(s) you are disputing with the company receiving this form (see example below).
- If a collection agency sent you a letter or notice about the fraudulent account, attach a copy of that document (**NOT** the original).

I declare (check all that apply):

☐ As a result of the events described in the ID Theft Affidavit, the following accounts(s) was/were opened at your company in my name without my knowledge, permission, or authorization using my personal information or identifying documents:

Creditor Name/Address (the company that opened the account or provided the goods/services)	Account Number	Type of unauthorized credit,/goods or services provided by creditor (if known)	Date issued or opened	Amount/Value ($)
EXAMPLE: Example National Bank 22 Sample Street, Bismarck ND 58505	01-23456- 789	auto loan	1/5/04	$32,700

☐ During the time of the account(s) described above, I had the following account open with your company.

Billing Name	Billing Address	Account Number