

CASE NUMBER # \_\_\_\_\_



## LONGMONT POLICE DEPARTMENT

### ID THEFT AFFIDAVIT

<b>Victim Information</b> (Last, First, Middle, Jr., Sr., III., IV, etc.)	
<b>Date of Birth</b>	
<b>Social Security</b>	
<b>Driver's License#</b>	
<b>Physical Address</b>	
<b>Street</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Month and year you moved to the current address</b>	

If your address was **DIFFERENT** when this offense took place, list your previous addresses and dates you resided at these addresses since the offense began here:

<b>Physical Address</b>	
Street	
City	
State	

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Zip	
<b>Month and year you moved to the current address</b>	

<b>Physical Address</b>	
Street	
City	
State	
Zip	
<b>Month and year that you moved to this address</b>	

<b>Physical Address</b>	
Street	
City	
State	
Zip	
<b>Month and year that you moved to this address</b>	

<b>Daytime Telephone Number</b>	
<b>Evening Telephone Number</b>	

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**How the fraud occurred**

Check all that apply:

- 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.
- I did not receive any benefit, money, goods or services as a result of the events described in this report.
- My identification documents (for example, credit cards, birth certificate, driver's license, social security card, etc) were \_\_\_\_ stolen \_\_\_\_ lost on or about \_\_\_\_\_ (day/month/year).
- 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.:

<b>Name (if known)</b>	
<b>Address (if known)</b>	
<b>Phone number(s) (if known)</b>	
<b>Additional information (if known)</b>	

<b>Name (if known)</b>	
<b>Address (if known)</b>	
<b>Phone number(s) (if known)</b>	
<b>Additional information (if known)</b>	

- I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.

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ADDITIONAL COMMENTS: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information)

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**Victim’s Law Enforcement Actions**

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

I  am  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.

I  have  have not reported the events described in this affidavit to any other law enforcement agency.

<b>Law Enforcement Agency</b>	
<b>Date Report Filed</b>	
<b>Case Number</b>	

<b>Law Enforcement Agency</b>	
<b>Date Report Filed</b>	
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<b>Law Enforcement Agency</b>	
<b>Date Report Filed</b>	
<b>Case Number</b>	

### Supporting Documentation

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

- Copies of fraudulent / counterfeit checks
- Copies of banking statement
- Copies of the 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 issued identification cards or documents
- Copies of reports filed with other law enforcement agencies
- (Other)
- (Other)
- (Other)
- (Other)

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Signature	
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I certify that, to the best my knowledge and believe all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 USC 101 or other federal, state, or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

Signature	
Date Signed	

Notary	
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(Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.

Witness	
Printed Name:	
Signature:	
Date	
Telephone Number	

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### 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 completed. An incomplete affidavit is void.

I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, on the date I become an adult according to state law. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. I understand that I have a right to a copy of this authorization.

I understand that the authorization for the Release of Records Affidavit is voluntary and I can refuse to sign this authorization. I understand that any disclosure of information carried with it the potential for re-disclosure and the information may not be protected by federal confidentiality rules.

Date: \_\_\_\_\_

I, (name as it appears on the organizations records) \_\_\_\_\_ ,  
am requesting (business name) \_\_\_\_\_ to disclose and  
discuss any and all information / records that are relevant to a criminal investigator with  
the Longmont Police Department for the ongoing criminal investigation listed as Case  
Number \_\_\_\_\_ .

I release the Longmont Police Department of any and all civil liability that may result in  
the release of this information.

Signature:	
Date:	