

IDENTITY THEFT

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A few tips about this interactive PDF form:

If you cannot view the fillable fields within the included forms, select "Highlight Existing Fields" at the top right within the purple bar and they will be highlighted blue.

All lines that are still NOT fillable after highlighting are intended to either be filled out by the court, signed by you, or filled out by the notary (if applicable). Be aware that the fields will auto-fill related information. If you have any questions about how to fill out this form, we encourage you to contact our office at the contact information provided below.

The above index is interactive as well – click the page or topic you wish to view.

For questions regarding how to fill out this form or any other legal questions, please contact:

UNT Student Legal Services 1155 Union Circle #303058

Denton, TX 76203

Physical Address: Stovall Temporary Union Building (STUB) Suite 136 Denton, TX 76201

940.565.2614 Followup.kmc@unt.edu www.unt.edu/legal



I.D. THEFT: A DO-IT-YOURSELF KIT

UNT Student Legal Services congratulates you for taking action on your legal issue. As you know, our office provides legal advice and guidance to enrolled students. Sometimes there are situations where you can help yourself to a legal remedy. For that reason, we have developed do-it-yourself (DIY) kits with information designed to empower you both now and in the future.

In this kit you will find the following:

- INSTRUCTIONS
- IMPORTANT CONTACTS
- SAMPLE LETTER FORMS
- FILLABLE ID FRAUD AFFIDAVIT

Please note that this booklet does not constitute legal advice: it is meant to assist UNT students who have been victims of identity theft. You are advised to meet with our attorney who can answer your questions and provide you with the necessary information if you need further guidance.

If at any point in time if you are unsure of how next to proceed, please contact us.

INSTRUCTIONS

If you believe your identity has been used without permission, follow these steps:

- Step 1. Obtain a copy of your credit reportStep 2. If your report shows unauthorized activity, file a police report. Find
- Step 3. the ID FRAUD AFFIDAVIT on page 9 in this packet and follow the instructions to complete the form.
- Step 4. PREPARE letters for the credit reporting agency as well as the company that extended credit without your authorization.
- Step 5. Make copies of the required documentation and mail out your packets.

IMPORTANT CONTACTS:

- <u>www.annualcreditreport.com</u> this site allows you free access to your credit reports every 12 months.
- CREDIT REPORTING AGENCIES (CRAs)
 - o Equifax see phone & addresses on page 7
 - o Experian see phone & addresses on page 7
 - o Transunion see phone & addresses on page 7
- FTC's ID theft affidavit

https://www.consumer.ftc.gov/articles/pdf-0094-identity-theft-affidavit.pdf

- UNT PD
 - o Non-emergency line: 940.565.3000
 - o Address: Sullivant Public Safety Center

1700 Wilshire St. Denton TX 76201

- Denton PD
 - o Non-Emergency line: 940.349.8181
 - o Address: Denton Police Department

601 E. Hickory St. #E Denton TX 76205

SAMPLE LETTERS - To the CRA:
[DATE]
To: [CRA] From: [YOUR NAME & ADD]
RE: FRAUDULENT ACCOUNT
I am the victim of ID theft. The thief
MADE a fraudulent transaction
Opened a fraudulent account
I did not consent to this; nor have I received any benefit from it.
As required by law, I request that you remove this entry from any credit report while you investigate this matter. To expedite this, I am enclosing the following documents;
 An ID theft affidavit; The police report; and A copy of my driver's license
You may contact me by email or phone to discuss the progress of your investigation.
Phone #: Email:
Sincerely,

Sample Letters - To the Company
[DATE]
To: [COMPANY] From: [YOUR NAME & ADD]
RE: A/C#
I am the victim of ID theft. I recently learned that my personal information was used to open a line of credit with your company. I did not open this account, and I request that it be closed and that you clear me of any responsibility for it.
I am enclosing my ID Theft Affidavit along with a copy of the police report I filed.
Please investigate this matter, close the account and absolve me of all charges, as the FCRA requires you to do. Please send me a letter confirming your findings & actions as soon as possible.
Sincerely,

- There are three credit bureaus and you should immediately choose one to alert that you suspect your identity has been misappropriated. It is sufficient just to obtain a 90-day fraud alert on your account from one bureau.
 - Equifax: 1-800-525-6285

PO Box 740241, Atlanta, GA 30374-0241

Phone: (800) 525-6285

Website: www.equifax.com

Experian: 1-888-EXPERIAN (397-3742)

Experian

PO Box 9701, Allen, TX 75013-0949

Phone: (888)397-3742

Website: www.experian.com

TransUnion: 1-800-680-7289

TransUnion

PO Box 6790, Fullerton, CA 92834

Phone: (800) 680-7289

Website: www.transunion.com

You can obtain your credit information at:

www.annualcreditreport.com

Steps:

- It is essential to obtain your credit report first so that you can note what type of ID Theft has occurred. Make sure the credit report is up-to-date because one even a month old may not have all of the damage to report. You want to work with the most recent credit report possible. (www.annualcreditreport.com)
- 2. Call your local police department and tell them you want to obtain a police report because your identity has been stolen.

- 3. Send a letter to the business where the fraudulent transaction or fraudulent account occurred to inform it that you were not involved in the transaction.
- 4. A victim of ID theft can also request that the credit reporting agency place a freeze on his/her credit reports. CRA's may charge a nominal fee for this service, and putting a freeze on one's account will delay a future credit application due to the need for extra steps to verify one's identify.

The next several pages are a fillable PDF version of the Identity Theft Victim's Complaint Affidavit, the original of which can be located on the FTC's website. Once you have filled it out you can save and print it for the appropriate signatures. The boxes that can be filled are highlighted blue, and some boxes will auto fill based on other information you provide. Should you encounter any problems in your attempts to use this fillable PDF, please contact the administrative coordinator at UNT Student Legal Services.

Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit ftc.gov/idtheft to use a secure online version that you can print for your records.

Before completing this form:

- 1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
- 2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

Abo	out You (the victim)					
Nov						
(1)	My full legal name:		Middle	Last	Suffix	Leave (3) blank until you provide
(2)	My date of birth:	d/yyyy		Last	Sullix	this form to someone with
(3)	My Social Security number:					a legitimate business need,
(4)	My driver's license:State		Number			like when you are filing your report at the
(5)	My current street address:					police station or sending the form
	Number & Street Name			Apartment,	Suite, etc.	to a credit reporting agency to
	City	State	Zip Code		Country	correct your
(6)	I have lived at this address si	nce				credit report.
(7)	My daytime phone: ()_		mm/yyyy			
	My evening phone: ()_					
	My email:					
At t	he Time of the Fraud					
(8)	My full legal name was:					Skip (8) - (10) if your
(-)	My full legal name was:	First	Middle	Last	Suffix	information has not
(9)	My address was:Number	er & Street	: Name	Apartm	ent, Suite, etc.	changed since the fraud.
	City	State	Zip Code		Country	
(10)	My daytime phone: ()_ My email:				e: ()	
	-					

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.

Victim	's Na	ıme				_ Phone number	· ()	Page
Abo	ut `	You (th	e vict	tim) (Conti	nued)			
Decla	arat	ions						
(11)	I	□ did	OR	☐ did not	obtain mon	ey, credit, loans,	name or persona goods, or service ped in this report.	
(12)	I	□ did	OR	☐ did not	•	, -	services, or other ed in this report.	benefit as a
(13)	I	□ am	OR	□ am not	_		forcement if charg	•
Abo u (14)	l b do		e follo	• .	•	mation or identi existing accounts	fication , or commit other	(14): Enter what you know about anyone you believe
		Name:	First		Middle	Last	Suffix	was involved (even if you don't have
		Address	s:	umber & Street	: Name	Apar	tment, Suite, etc.	complete information).
			City		State	Zip Code	Country	
		Phone N	Numbe	ers: ()		()		
		Addition	nal info	ormation abo	ut this persor	n:		

(15)	Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):	(14) and (15): Attach additional sheets as needed.
Doc	sumentation	
(16)	I can verify my identity with these documents:	(16): Reminder:
` ,	A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport). If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.	Attach copies of your identity documents when sending this form to creditors and credit reporting
	Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).	agencies.
Abo	out the Information or Accounts	
(17)	The following personal information (like my name, address, Social Security number birth) in my credit report is inaccurate as a result of this identity theft: (A) (B) (C)	
(18)	Credit inquiries from these companies appear on my credit report as a result of the theft:	nis identity
	Company Name:	
	Company Name:	
	Company Name:	

Victim's Name	Phone number	() Page	4

(19) Below are details about the different frauds committed using my personal information.

Name of Institution	Contact Person	Phone	Extension			
Account Number	Routing Number	Affected Ch	neck Number(s)			
Account Type: □ Credit □ Bank □ Phone/Utilities □ Loan □ Government Benefits □ Internet or Email □ Other						
Select ONE: ☐ This account was op ☐ This was an existing	ened fraudulently. account that someone ta	impered with.				
Date Opened or Misused (mm/yy	yy) Date Discovered (mm	/yyyy) Total Amo	unt Obtained (\$)			
Name of Institution	Contact Person	Phone	Extension			
Account Number	Routing Number	Affected Ch	neck Number(s)			
Account Type: ☐ Credit ☐ Governme	Bank □Phone/Utilitie ent Benefits □Internet		ner			
Select ONE: ☐ This account was op ☐ This was an existing	ened fraudulently. account that someone ta	impered with.				
Date Opened or Misused (mm/yy	yy) Date Discovered (mm	/yyyy) Total Amo	unt Obtained (\$)			
Name of Institution	Contact Person	Phone	Extension			
Account Number	Routing Number	Affected Ch	neck Number(s)			
Account Type: □ Credit □ Bank □ Phone/Utilities □ Loan □ Government Benefits □ Internet or Email □ Other						
Select ONE: This account was opened fraudulently. This was an existing account that someone tampered with.						
Date Opened or Misused (mm/yy	yy) Date Discovered (mm	/yyyy) Total Amo	unt Obtained (\$)			

(19): If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

Contact Person: Someone you dealt with, whom an investigator can call about this fraud.

Account Number: The number of the credit or debit card, bank account, loan, or other account that was misused.

Dates: Indicate when the thief began to misuse your information and when you discovered the problem.

Amount Obtained:
For instance,
the total amount
purchased with
the card or
withdrawn from
the account.

Victim's Name	Phone number ()	Page 5
Your Law Enforcement Rep	port	
related information from appedetailed law enforcement report an Identity Theft Report by take office, along with your support your signature and complete the important to get your report report of the office.	ting agency to quickly block identity theftaring on your credit report is to submit a ort ("Identity Theft Report"). You can obtain king this form to your local law enforcement ting documentation. Ask an officer to witness he rest of the information in this section. It's number, whether or not you are able to file in ficial law enforcement report. Attach a copy of cial law enforcement report you receive when porting agencies.	(20): Check "I have not" if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable" if you tried to file a report but law enforcement refused to take it.
Select ONE: I have not filed a law er I was unable to file any I filed an automated repelow. I filed my report in persofficer and agency lister	Automated report: A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a	
Law Enforcement Department	State	face-to-face interview with a law enforcement officer.
Report Number	Filing Date (mm/dd/yyyy)	
Officer's Name (please print)	Officer's Signature	
Badge Number	() Phone Number	

Did the victim receive a copy of the report from the law enforcement officer? \Box Yes OR \Box No

Victim's FTC complaint number (if available):

Victim	n's Name	Phone number ()	Page 6				
Sign	natura						
	nature oplicable, sign and date <i>IN</i>	N THE PRESENCE OF a law enforcement office	er, a notary, or				
a wit			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(21)	I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint 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. understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.						
Signa	ture	Date Signed (mm/dd/yyyy)					
You	ır Affidavit						
(22)	Theft Affidavit to prove to you are not responsible fo that you submit different f should also check to see if	e a report with law enforcement, you may use this each of the companies where the thief misused yer the fraud. While many companies accept this afficorms. Check with each company to see if it accept it requires notarization. If so, sign in the presence witness (non-relative) sign that you completed an	our information that idavit, others require ts this form. You of a notary. If it				
Notai	ry						
Witn	ess:						
Signat	ture	Printed Name					
Date		Telephone Number					