



IDENTITY THEFT INFORMATION / CREDIT CARD ABUSE PACKET



PFLUGERVILLE POLICE DEPARTMENT
1611 E. PFENNIG LN., P.O. BOX 679
PFLUGERVILLE, TEXAS 78691-0679

INSTRUCTIONS

The Pflugerville Police Department is diligent in its efforts to apprehend and stop those individuals responsible for committing Identity Theft. Identity Theft is a violation of the Texas Penal Code section 32.51 and is a State Jail Felony Offense. 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 Pflugerville Police Department. Upon the return of your completed, signed and notarized affidavit, it will be assigned to a Detective and a case number will be assigned. However, if it is determined the Pflugerville Police Department is not the appropriate agency to investigate your case or does not have jurisdiction then the affidavit will be forwarded to the appropriate agency.

The attached Identity Theft / Credit Card Abuse Packet is a sworn statement and will be used as evidence in court should an arrest be made. It is essential that the information you provide be accurate and true. The first two pages of the affidavit require basic information. The third page, the Fraudulent Account Statement, details where your personal information has been used and what lines of credit have been opened. The last two pages, the Personal Statement of Fact, are where you describe your case and will initially serve as a summary. The affidavit must be signed in front of a Notary in two places, on page 4 and at the conclusion of the Personal Statement of Fact.

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 to correct any damage done.

1. Complete the attached Identity Theft / Credit Card Abuse Packet and return it to the Pflugerville Police Department.
2. Contact the three major credit bureaus and place a "security freeze" on your credit.
 - Equifax 1-800-525-6285
 - Experian 1-888-397-3742
 - Trans Union 1-800-680-7289
3. Obtain a copy of your credit history and check it for unauthorized accounts or lines of credit.
4. Contact the Federal Trade Commission and make a report of Identity Theft.
 - Identity Theft Hotline 1-877-438-4338
 - <http://www.consumer.gov/idtheft/>
5. 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 Affidavit and retain it for your records. Call Pflugerville Police Dispatch 512-990-6700 and have an officer collect your paperwork and assign you a case number.

If you have any questions concerning the Identity Theft Affidavit please contact the Criminal Investigations Division at **512-990-6700 Option 1**.

IDENTITY THEFT / CREDIT CARD ABUSE PACKET

All questions must be answered completely.

Complainant Information

1. My full legal name is _____ .
2. When the events described in this affidavit took place, I was known as (if different from above)

3. My date of birth is _____ .
4. My Social Security Number is _____ .
5. My driver's license or identification card issuing state and number is _____ .
6. My current address is _____
City: _____ State: _____ Zip: _____
7. I have lived at this address since _____
8. When the events described in this affidavit took place, my address was (if different from above)
_____ City: _____ State: _____ Zip: _____
9. The best number to reach me at is _____
10. My e-mail address or alternate phone number is _____

Is this report being filed for informational purposes only? YES NO

As a result of this offense, how much financial losses have you suffered where the companies and/or banks have not reimbursed you to this point? \$ _____

How the Fraud Occurred

Check all that apply for items 11 - 15

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 or lost on or about _____
(Month/Day/Year)
14. To the best of my knowledge and belief, the following person(s) used my information (e.g.: 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)

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. How and when were you notified of this offense? Who notified you? If by mail, you should provide a copy of any documentation received. **Brief summary.**

Victim's Law Enforcement Actions

Check one for items 17 - 26

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

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

19. I **have** **have not** reported the events described in this affidavit to other law enforcement agencies.

20. The other law enforcement 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 #2)

(Officer / Agency personnel taking report)

(Date of report)

(Report number, if any)

(Phone number)

(e-mail address, if any)

(agency #3)

(Officer / Agency personnel taking report)

(Date of report)

(Report number, if any)

(Phone number)

(e-mail address, if any)

(agency #4)

(Officer / Agency personnel taking report)

(Date of report)

(Report number, if any)

(Phone number)

(e-mail address, if any)

21. If your identity was used for counterfeit checks, have you obtained a copy of the check from your bank?

Yes No

22. If your identity was used to obtain credit or credit cards, were you provided with the suspect address?

Yes ___ No ___ **(if more than one, please continue on page 7)**

Address _____

Financial Institution _____

Account # _____

Date opened _____

Type of credit _____

\$ _____

Financial loss _____

23. If your identity was used to obtain utilities or phone service, please provide the following:

(if more than one, please continue on page 7)

Company _____

Account # _____

Service address _____

Date of service _____

24. If your identity was used to open a bank account (checking or savings, etc.) Please provide the following:

(if more than one, please continue on page 7)

Bank _____

Account # _____

Were checks or debit cards obtained? Yes ___ No ___ If so: _____

Address sent _____

Date opened _____

Location opened if known _____

\$ _____

Financial loss _____

25. Was your identity used to open other accounts not already covered in this report?

(e.g. mortgage, vehicle purchases / auto loans, employment, other)

Yes ___ No ___ If yes, please provide as much documentation as possible regarding these occurrences.

26. Do you know how your identifying information was obtained?

(e.g. lost wallet or purse, mail theft, burglary, etc.)

Yes ___ No ___ If yes, please explain

I declare all the above information listed in this affidavit 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 is determined that any portion of this affidavit is knowingly false.

Signature: _____

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

Credit Card Accounts continued:

1. _____
 Address _____
 Financial Institution _____ Account # _____
 Date opened _____ Type of credit _____
 \$ _____
 Financial loss _____

2. _____
 Address _____
 Financial Institution _____ Account # _____
 Date opened _____ Type of credit _____
 \$ _____
 Financial loss _____

Utility / Phone Accounts continued:

1. _____
 Company _____ Account # _____
 Service address _____
 Date of service _____

2. _____
 Company _____ Account # _____
 Service address _____
 Date of service _____

Bank Accounts continued:

1. _____
 Bank _____ Account # _____
 Were checks or debit cards obtained? Yes ___ No ___ If so: _____
 Address sent _____
 Date opened _____ Location opened if known _____
 \$ _____
 Financial loss _____

2. _____
 Bank _____ Account # _____
 Were checks or debit cards obtained? Yes ___ No ___ If so: _____
 Address sent _____
 Date opened _____ Location opened if known _____
 \$ _____
 Financial loss _____

Signature: _____

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____