

IDENTITY THEFT PASSPORT LAW ENFORCEMENT VERIFICATION FORM

SPONSORED BY:
IOWA ATTORNEY GENERAL'S CRIME VICTIM ASSISTANCE DIVISION, 321 EAST 12TH STREET, DES MOINES, IA 50319

VICTIM INFORMATION

VICTIM'S NAME: _____
FIRST NAME LAST NAME SUFFIX

PHONE: (____) _____ ALTERNATE PHONE: (____) _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER ____-____-____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

Office Use Only
Claim Number

CRIME INFORMATION

1. DATE THEFT DISCOVERED: ____/____/____ DATE THEFT REPORTED: ____/____/____

2. LAW ENFORCEMENT AGENCY THAT TOOK REPORT: _____

CASE NUMBER: _____ OFFICER'S NAME: _____

OFFICER'S PHONE: (____) _____

SUSPECT'S NAME: _____ SUSPECT ARRESTED?: YES / NO

3. LOCATION OF CRIME: _____

4. DOES THIS CASE WARRANT ISSUANCE OF AN IDENTITY THEFT PASSPORT? IDENTITY THEFT PASSPORTS CAN BE ISSUED TO VICTIMS OF IDENTITY THEFT WHOSE IDENTIFICATION INFORMATION WAS STOLEN AND USED TO FRAUDULENTLY OBTAIN GOODS AND/OR SERVICES. TO BE ELIGIBLE, THE VICTIM MUST HAVE RESIDED IN IOWA AT THE TIME OF THE CRIME OR THE CRIME MUST HAVE OCCURRED IN IOWA.

___ YES

___ NO

IF "NO" IS SELECTED, PLEASE EXPLAIN: _____

CERTIFICATION

INVESTIGATING OFFICER

DATE

****THIS FORM IS NOT TO BE REPRODUCED BY ANY INDIVIDUAL OTHER THAN LAW ENFORCEMENT.****

Before me, the undersigned authority, on this day personally appeared _____ (name), the _____ (position) of _____ (agency) known to me to be the person whose name is subscribed to the foregoing instrument, and upon his/her oath acknowledged to me that he/she executed the same for the purposes and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS ____ DAY OF _____, 20____.

(SEAL)

NOTARY PUBLIC IN AND FOR _____ COUNTY, STATE OF _____

NOTE: THE INFORMATION CONTAINED ON THIS FORM IS CONFIDENTIAL UNDER IOWA CODE CHAPTER 22.

QUESTIONS: CONTACT THE CRIME VICTIM ASSISTANCE DIVISION, 515-281-5044

LAW ENFORCEMENT REPORT MUST BE ATTACHED AND FORM MUST BE NOTARIZED