

IDENTITY THEFT PASSPORT APPLICATION

(Please PRINT CLEARLY and fill out both sides)

SPONSORED BY:

IOWA ATTORNEY GENERAL'S CRIME VICTIM ASSISTANCE DIVISION

VICTIM INFORMATION

VICTIM'S NAME: _____
FIRST NAME LAST NAME SUFFIX

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (_____) _____ **ALTERNATE PHONE:** (_____) _____

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

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

PRIMARY LANGUAGE: _____

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:** _____

SUSPECT'S NAME: _____ **SUSPECT ARRESTED?:** YES / NO / I DON'T KNOW

3. LOCATION OF CRIME: _____

4. TYPE OF IDENTITY THEFT: CHECK ALL THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> CREDIT CARD FRAUD | <input type="checkbox"/> ATM FRAUD |
| <input type="checkbox"/> SSN MISUSE | <input type="checkbox"/> INCOME TAX FRAUD |
| <input type="checkbox"/> DRIVER'S LICENSE MISUSE | <input type="checkbox"/> INSURANCE FRAUD |
| <input type="checkbox"/> PASSPORT | <input type="checkbox"/> UTILITY BILLS |
| <input type="checkbox"/> CHECK FRAUD | <input type="checkbox"/> OTHER (DESCRIBE ON OPPOSITE PAGE) |

5. STATISTICAL INFORMATION: THIS INFORMATION IS USED ONLY FOR STATISTICAL PURPOSES

A.) **GENDER:** MALE FEMALE

B.) **AGE:** 17 OR UNDER 18-63 64 & OVER

C.) **ETHNICITY:** CAUCASIAN NATIVE AMERICAN AFRICAN AMERICAN HISPANIC ASIAN OR PACIFIC ISLANDER

OTHER _____

D.) **REFERRED BY:** POLICE /SHERIFF COUNTY ATTORNEY MEDIA HOSPITAL VICTIM SERVICES OTHER

THE IDENTITY THEFT PASSPORT PROGRAM IS SPONSORED BY THE IOWA ATTORNEY GENERAL'S OFFICE. IDENTITY THEFT PASSPORTS ARE USEFUL IN EXTREME CASES OF IDENTITY THEFT AND CAN HELP KEEP VICTIMS FROM BEING FALSELY ARRESTED, OR HELP IN THE INVESTIGATION OF FRAUDULENT ACTIVITY IF A VICTIM'S IDENTITY HAS BEEN STOLEN. THE CRIME VICTIM ASSISTANCE DIVISION OF THE IOWA ATTORNEY GENERAL'S OFFICE DOES NOT INVESTIGATE CASES OF IDENTITY THEFT. PLEASE REPORT ALL CASES OF IDENTITY THEFT TO YOUR LOCAL LAW ENFORCEMENT AGENCY.

CRIME SYNOPSIS

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE THEFT AND ANY DOCUMENTATION TO SUPPORT THE CRIME. INCLUDE WHAT WAS STOLEN AND ANY FINANCIAL ACCOUNTS AFFECTED. ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

THE FOLLOWING INFORMATION OR DOCUMENTATION MUST ACCOMPANY THIS APPLICATION:

1. A COLOR COPY OF THE IDENTITY THEFT VICTIM’S CURRENT DRIVER’S LICENSE OR STATE-ISSUED NON-OPERATOR’S ID CARD; OR, IF NEITHER IS AVAILABLE, PROVIDE A CURRENT PHOTOGRAPH OF THE VICTIM CERTIFIED AS VALID BY SIGNATURE OF THE LAW ENFORCEMENT INVESTIGATOR WHO RECEIVED THE REPORT OF IDENTITY THEFT.
2. ANY OTHER DOCUMENTATION TO SUBSTANTIATE THE CRIME.

CERTIFICATION

I HEREBY CERTIFY WITH MY SIGNATURE BELOW THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE FILED A POLICE REPORT OF THIS INCIDENT.

APPLICANT’S SIGNATURE

DATE

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

PLEASE MAIL THIS FORM TO: IOWA ATTORNEY GENERAL’S OFFICE
CRIME VICTIM ASSISTANCE DIVISION
LUCAS STATE OFFICE BUILDING
321 EAST 12TH STREET
DES MOINES, IA 50319

FOR ADDITIONAL INFORMATION CALL: (515) 281-5044
(800) 373-5044 (TOLL-FREE)