

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 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