Walworth County Sheriff's Office

1770 County Road NN ~ Post Office Box 1004 ~ Elkhorn, Wisconsin 53121-1004

www.co.walworth.wi.us

Kurt Picknell, Sheriff Kevin Williams, Undersheriff

In an effort to gather as much information for your complaint to be investigated, we ask that you please complete this form as soon as possible. The Walworth County Sheriff's Office utilizes the "Identity Theft Victim's Complaint and Affidavit" report that is used by the Federal Trade Commission (FTC). Please complete this report and bring it to the Walworth County Sheriff's Office or provide it to the deputy when you file your formal complaint. It is important that you complete the form entirely because this will help determine how complete the investigation will be.

It is suggested that you keep copies of this report for your records and provide copies to the companies where any fraudulent accounts were opened/effected. Remember to keep a detailed record of all of your correspondence and contacts.

Additional forms and information regarding identity theft can be accessed via the following websites:

Federal Trade Commission - **www.ftc.gov/idtheft**

U.S. Secret Service - **www.secretservice.gov/criminal.shtml**

Internal Revenue Service – **www.irs.gov**

If you have any questions, you may contact the Sheriff's Office at 262-741-4400 and speak with a deputy. You may or may not be contacted by a detective regarding your case. Depending on the circumstances of your complaint, this matter may be forwarded to another law enforcement agency.

Sincerely,

Captain Robert Hall
Walworth County Sheriff's Office
Detective Bureau

Suggestions for Victims of Identity Theft

1) Contact the Federal Trade Commission to file an Identity Theft complaint (**ftc.gov/complaint or 1-877-ID-THEFT or 1-877-438-4338**)

2) If someone has used your Social Security number on a tax return, contact IRS's Specialized Identity Theft Protection Unit - **1-800-908-4490**

3) Cancel each credit/charge card that was effected and request new cards with new account numbers

4) Place an initial fraud alert on your credit report. Contact any one of the three nationwide credit reporting companies.
   Equifax *1-800-525-6285*
   Experian *1-888-397-3742*
   TransUnion *1-800-680-7289*

5) Order your credit reports. Contact each of the three credit reporting companies. ID theft victims get a copy of their reports for free. Read your reports carefully and correct any errors.

6) If bank accounts are involved, report the loss to each financial institution. Cancel existing accounts and open new ones with new account numbers. If deemed necessary, place stop payments on outstanding checks and contact creditors to explain.

7) If a social security number is involved check with the Social Security Administration to determine the accuracy and integrity of your account

8) Shred outdated documents that have personal, financial, or medical information before you throw them away.

9) Use anti-virus and anti-spyware software on your computer and a firewall. Don't use the same passwords for different websites, and don't share them with anyone.

10) Practice identity protection: monitor your credit reports; read your bank, credit card and account statements; and read the explanations of medical benefits that come from your health plan.

11) Change the locks on your house and cars if there is any indication that these have been compromised or copied.

If you are interested in having your information entered into the Identity Theft database please review and complete this Consent Document. ***You are not required to have your information entered into the database, this is your choice.***

If you wish to be listed in the database you will be asked by the deputy/detective for a password you want that is only known by you. If your information is run by law enforcement an I.D. Theft notification will appear. You will be required to provide your password to the law enforcement officer to confirm your identity.

Identity Theft File Consent Document

By signing this document, I hereby provide the _____ Police/Sheriff's Department permission to enter my personal data into the Federal Bureau of Investigation's Identity Theft File. This information may include, but is not limited to, physical descriptors and identifying information including my name, date of birth, place of birth, social security number, the type of identity theft, and a password provided to me for future identification purposes. I am also providing permission to enter my photograph and fingerprints into this file when that capability becomes available.

I understand that this information is being submitted as part of a criminal investigation in which I was a victim and will be available to entities having access to the Federal Bureau of Investigations National Crime Information Center (NCIC) files for any authorized purpose. I am providing this data voluntarily as a means to memorialize my claim of identity theft and to obtain a unique password to be used for future identity verification purposes.

I understand that the FBI intends to remove this information from the NCIC active file no later than 5 years from date of entry. I understand that I may at any time submit a written request to the entering agency to have this information removed from the active file at an earlier date. I further understand that information removed from the active file will not thereafter be accessible via NCIC terminals, but it will be retained by the FBI as a record of the NCIC entry until such time as its deletion may be authorized by the National Archives and Records Administration (NARA).

I understand that this is a legally binding document reflecting my intent to have personal data entered into the FBI's Identity Theft File. I declare under penalty of perjury that the forgoing is true and correct (See 28 U.S.C. 1746).

_____ _____

Signature Date

_____

Printed Name

The Privacy Act of 1974 (5 United States Code 552a) requires that Federal, state, or local agencies inform individuals whose social security number is being requested whether such disclosure is mandatory or voluntary, the basis of authority of such solicitation, and the uses which will be made of it. Accordingly, disclosure of your social security number is voluntary; it is being requested pursuant to 28 U.S.C. 534 for the purposes described above. The social security number will be used as an identification tool; consequently, failure to provide the number may result in a reduced ability to make such identifications or provide future identity verifications.

Average time to complete: 10 minutes

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.

About You (the victim)

Now

(1) My full legal name: _____
First Middle Last Suffix

(2) My date of birth: _____
mm/dd/yyyy

(3) My Social Security number: _____-_____-_____

(4) My driver's license: _____ _____
State Number

(5) My current street address:
_____
Number & Street Name Apartment, Suite, etc.
_____
City State Zip Code Country

(6) I have lived at this address since _____
mm/yyyy

(7) My daytime phone: (____)_____
My evening phone: (____)_____
My email: _____

Leave (3) blank until you provide this form to someone with a legitimate business need, like when you are filing your report at the police station or sending the form to a credit reporting agency to correct your credit report.

At the Time of the Fraud

(8) My full legal name was: _____
First Middle Last Suffix

(9) My address was: _____
Number & Street Name Apartment, Suite, etc.
_____
City State Zip Code Country

(10) My daytime phone: (____)_____ My evening phone: (____)_____
My email: _____

Skip (8) - (10) if your information has not changed since the fraud.

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.

About You (the victim) (Continued)

Declarations

(11) I ☐ did OR ☐ did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services — or for any other purpose — as described in this report.

(12) I ☐ did OR ☐ did not receive any money, goods, services, or other benefit as a result of the events described in this report.

(13) I ☐ am OR ☐ am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

About the Fraud

(14): Enter what you know about anyone you believe was involved (even if you don't have complete information).

(14) I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: _____
First Middle Last Suffix

Address: _____
Number & Street Name Apartment, Suite, etc.

_____
City State Zip Code Country

Phone Numbers: (____)_____ (____)_____

Additional information about this person: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(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.

Documentation

(16) I can verify my identity with these documents:

☐ 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.

☐ 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).

(16): Reminder: Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.

About the Information or Accounts

(17) The following personal information (like my name, address, Social Security number, or date of 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 this identity theft:

Company Name: _____
Company Name: _____
Company Name: _____

(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 Check 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/yyyy) | Date Discovered (mm/yyyy) | Total Amount Obtained ($)

Name of Institution | Contact Person | Phone | Extension

Account Number | Routing Number | Affected Check Number(s)

Account Type: ☐ Credit ☐ Bank ☐ Phone/Utilities ☐ Loan
☐ Government Benefits ☐ Internet or Email ☐ Other

Select ONE:
☐ This account was opened fraudulently.
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☐ 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/yyyy) | Date Discovered (mm/yyyy) | Total Amount Obtained ($)

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(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.

Your Law Enforcement Report

(20) One way to get a credit reporting agency to quickly block identity theft-related information from appearing on your credit report is to submit a detailed law enforcement report ("Identity Theft Report"). You can obtain an Identity Theft Report by taking this form to your local law enforcement office, along with your supporting documentation. Ask an officer to witness your signature and complete the rest of the information in this section. It's important to get your report number, whether or not you are able to file in person or get a copy of the official law enforcement report. Attach a copy of any confirmation letter or official law enforcement report you receive when sending this form to credit reporting agencies.

Select ONE:

- ☐ I have not filed a law enforcement report.
- ☐ I was unable to file any law enforcement report.
- ☐ I filed an automated report with the law enforcement agency listed below.
- ☐ I filed my report in person with the law enforcement officer and agency listed below.

(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.

Automated report: A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a face-to-face interview with a law enforcement officer.

_____
Law Enforcement Department State

_____ _____
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? ☐ Yes OR ☐ No

Victim's FTC complaint number (if available): _____

Signature

As applicable, sign and date IN THE PRESENCE OF a law enforcement officer, a notary, or a witness.

(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. I 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.

_____ _____

Signature Date Signed (mm/dd/yyyy)

Your Affidavit

(22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit.

_____

Notary

Witness:

_____ _____

Signature Printed Name

_____ _____

Date Telephone Number