

New Lenox Police Department

200 Veterans Parkway New Lenox, Illinois 60451

MICAH NUESSE
CHIEF OF POLICE

815-462-6100
NEWLENOX.NET

Identity Theft Victim's Packet

Information and Instructions

This packet should be completed once you have contacted New Lenox Police Department and obtained a police report number related to your identity theft case. Please keep track of your report number as creditors, financial institutions and credit reporting agencies will ask for it.

My New Lenox Police Department Report is:

This packet is for you to keep and contains information to assist you in the correction of your credit and to help ensure that you are not responsible for the debts incurred by the identity thief. In addition, this packet includes information that will allow you to obtain financial records related to the fraudulent accounts and provide those records to law enforcement, without which we cannot conduct an investigation for prosecution. We recognize that some victims are only interested in the correction of their credit and do not necessarily wish for prosecution; therefore, we request that you only submit this packet to New Lenox Police Department if you desire prosecution. ***It is important to understand that in the event that a suspect is identified and arrested and the case proceeds to court, you as the victim would mostly likely be required to appear and testify in court.***

Completion of dispute letters that provide us with necessary documentation is required before we can begin investigating your case for prosecution. In identity theft cases it is difficult to identify the suspect(s) as they often use inaccurate information such as addresses and phone numbers. Often, the cell phones that identity thieves use are non-traceable prepaid phones or opened with fraudulent information. Frequently the investigator cannot find evidence to prove who actually used the victim's name and/or personal information over the phone or internet.

It is important to note that even if the suspect cannot be identified for prosecution. It will not affect your ability to correct the fraudulent accounts and remove them from your credit.

NOTE:

- If you suspect someone is using your personal information for employment and there is no evidence of other identity fraud, please see the section for contacting the Social Security Administration under Additional Useful Information. Do not contact the employer directly as they may warn the suspect employee. It may not be necessary to complete this packet.

- If your name and / or information are used by someone else to avoid a traffic ticket or any criminal prosecution, please contact the agency investigating the original crime. It may not be necessary to complete this packet.

HELPFUL HINTS:

- Remember that each creditor has different policies and procedures for correcting fraudulent accounts
- Do not provide originals and be sure to keep copies of everything you provide to the creditors or companies involved in the identity theft.
- Write down all dates, times and the names of individuals you speak to regarding the identity theft and correction of your credit.

STEP 1: CONTACT YOUR BANK AND OTHER CREDIT CARD ISSUERS

If the theft involved existing bank accounts (checking or savings accounts as well as a credit or debit card) you should do the following:

- Close the account that was used fraudulently or put stop payments on all outstanding checks that might have been written without your knowledge.
- Close all credit card accounts that were used fraudulently.
- Close any account accessible by debit card if it has been accessed fraudulently.
- Open up new accounts protected with a secret password or personal identification number (PIN)
- If the identity theft involved the creation of new bank accounts, you should do the following:
 - Call the involved financial institution and notify them of the identity theft.
 - They will likely require additional notification in writing. (see step 4)

STEP 2: CONTACT ALL THREE (3) MAJOR CREDIT REPORTING BUREAUS.

First request the credit bureaus place a "**Fraud Alert**" on your file. A fraud alert will put a notice on your credit report that you have been the victim of identity theft. Merchants and financial institutions may opt to contact you directly before any new credit is taken out in your name. Some states allow for a Security Freeze in which a PIN can be designated on your credit file and subsequently the PIN must then be given in order for credit to be extended. Ask the credit reporting bureaus if your state is participating in the Security Freeze Program.

www.scamsafe.com - provides useful information related to identity theft and indicates which states participate in the Security Freeze Program.

www.annualcreditreport.com - provides one free credit report, per credit bureau agency, per year, with subsequent credit reports available at a nominal fee.

The following is a list of the three (3) major credit reporting bureaus for victims to report fraud:

EQUIFAX	TRANSUNION	EXPERIAN
Consumer Fraud Division	Fraud Victim Assistance Dept	Nat. Consumer Assist
800-525-6285	800-680-7289	888-397-3742
P.O. Box 740256	P.O. Box 6790	P.O. Box 9530
Atlanta, GA 30374	Fullerton, CA 92834	Allen, TX 75013

STEP 3: FILE A REPORT WITH THE FEDERAL TRADE COMMISSION

You can go on-line to file an identity theft complaint with the FTC

www.consumer.gov/idtheft.com or by calling **1-877-IDTHEFT**.

STEP 4: CONTACT CREDITORS INVOLVED IN THE IDENTITY THEFT BY PHONE AND IN WRITING

This step involves contacting all the companies or institutions that provided credit or opened new accounts for the suspect or suspects. Some examples include banks, mortgage companies, utility companies, telephone companies, cell phone companies, etc. Provide the creditors with the completed Identity Theft Affidavit (some may require that you use their own affidavit), Letter of Dispute, and a copy of the FACTA Law.

FTC (Federal Trade Commission) Identity Theft Affidavit

A copy of the FTC Identity Theft Affidavit can be found at the end of this packet. This is the same affidavit that the FTC makes available to victims of identity theft. The affidavit requests information regarding you as the victim, how the fraud occurred, law enforcement's actions, documentation checklist and Fraudulent Account Statement. NOTE. Some creditors, financial institutions, or collection agencies have their own affidavit that you may have to complete.

Letters of Dispute

Sample copies of the Letters of Dispute can also be found at the end of this packet. This letter needs to be completed for every creditor involved in the identity theft. The letter of dispute should contain information related to the fraudulent account(s), your dispute of the account(s), and your request for the information to be corrected. In addition, the letter should reference FACTA and make a request for copies of any and all records related to the fraudulent accounts be provided to you and made available to the New Lenox Police Department.

FACTA Law

A portion of the FACTA Law can also be found at the end of this packet. As previously discussed in this packet, FACTA allows for you to obtain copies of any and all records related to the fraudulent accounts. You are then permitted to provide law enforcement with copies of the records you received related to the fraudulent accounts; thereby allowing us to bypass the sometimes difficult process of obtaining subpoenas

for the very same information. It also allows you to request the information be made available to the New Lenox Police Department. We have found it useful to provide a copy of the FACTA Law with the submission of the Identity Theft Affidavit and Letter of Dispute to the individual creditors.

STEP 5: SUBMIT THE IDENTITY THEFT AFFIDAVIT AND COPIES OF ALL INFORMATION AND RECORDS OBTAINED FROM THE CREDITORS WITH REGARDS TO THE FRAUDULENT ACCOUNTS TO THE OFFICER ASSIGNED YOUR COMPLAINT AT THE NEW LENOX POLICE DEPARTMENT.

To avoid confusion and to ensure that all items are forwarded to the assigned investigator, we request that you submit everything at once and if possible do not send items separately. Be sure to reference your police report number on all items submitted. The information can be hand delivered or mailed if directed by the investigator.

Please remember that some victims are only interested in the correction of their credit and do not necessarily wish for prosecution. Therefore, we request that you only submit this packet to New Lenox Police Department if you desire prosecution and would be willing and available to appear and testify should a suspect be identified and arrested.

ADDITIONAL USEFUL INFORMATION

OTHER ENTITIES YOU MAY WANT TO REPORT YOUR IDENTITY THEFT TO:

- **Post Office** - If you suspect that your mail has been stolen or diverted with a false change-of-address request, contact your local postal inspector. You can obtain the address and telephone number of the postal inspector for your area at United States Postal Service website: <http://www.usos.com/ncsellocators/findis.html> or by calling 800-275-8777
- **Social Security Administration** - If you suspect that someone is using your social security number to obtain employment, contact the Social Security Administration's fraud hotline at 1-800-269-0271. Order a copy of your Personal Earnings and Benefit Estimate Statement (PEBES) to check the accuracy of your work history on file with the Social Security Administration. You can obtain a PEBES application at your local Social Security office or at <http://www.ssa.aov/online/ssa-7004.odf>
- **State Department** - If your passport has been stolen, notify the passport office in writing. You can obtain additional information from the State Department's website: <http://travel.state.gov/reportppt.html>
- **If you are contacted by a collection agency** - about a debt for which you are not responsible, immediately notify them that you did not create the debt and that you are a victim of identity theft. Follow up with the collection agency and creditor in writing and include a copy of your police report, ID Theft Affidavit, Letter of Dispute and a copy of the FACTA Law.

Documentation for Prosecution

The following items of evidence should be obtained by the victim by using the sample dispute letters to dispute charges and requesting all documentation related to the account(s). Without this document evidence, we will not be able to begin an investigation.

- **If your existing accounts are being accessed, please obtain the following types of documents:**
 - Bank statements or bills showing where the transactions occurred
 - Please circle or underline the fraudulent transactions
 - Using a highlighter may make it impossible to read photocopies
 - Please attempt to obtain a physical address for the transactions from your bank.
 - Bills from companies showing merchandise ordered
 - Addresses where items were delivered
 - What phone numbers were associated with the order
 - Any information from the creditor that shows how or where the account was used
 - The name and phone number of any representatives from the businesses you deal with

- **If new accounts have been opened in your name please obtain the following:**
 - Bank statements that you may have received for accounts that are not yours
 - Credit reports showing the accounts that are not yours
 - Please circle or underline all accounts that are not yours
 - Using a highlighter may make it impossible to read photocopies
 - Bills from utilities companies for accounts you did not open
 - Letters or documentation from creditors or utilities companies that contain
 - Copies of applications for credit
 - How the account was opened. (in person, over the phone, on internet)
 - Where the account was opened if done in person
 - Where the account is being used (addresses of transactions)
 - Address where any cards, bills, merchandise or correspondence was mailed.
 - Any phone numbers associated with the fraudulent account
 - The name or employee number and phone number of any representatives from the businesses you deal with.

- **If someone is using your personal information for employment we will need:**
 - Copies of Department of Economic Security or Social Security Administration report showing your information being used for employment in New Lenox.
 - If only your Social Security Number is being used for employment, please provide a **stamped** social security number verification letter from the Social Security Administration that verifies the social security number in question is assigned to you.

If only a partial account number is listed on the document, please write the entire number on the copy you send to us.

ID Theft Affidavit

Victim Information

1. My full legal name is _____
(First) (Middle) (Last) (Jr., Sr., III)

2. (If different from above) When the events described in this affidavit took place, I was known as:

(First) (Middle) (Last) (Jr., Sr., III)

3. My date of birth is _____
(day/month/year)

4. My Social Security Number is _____

5. My driver's license or identification card state and number are _____

6. My current address is

City _____ State _____ Zip Code _____

7. I have lived at this address since _____
(month/year)

8. (If different from above) When the events described in this affidavit took place, my address was

City _____ State _____ Zip Code _____

9. I lived at the address in Item 8 from _____ until _____
(month/year) (month/year)

10. My daytime telephone number is (____) _____

My evening telephone number is (____) _____

Check all that apply for items 11 – 17:

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 (for example, credit cards; birth certificates; driver's license; Social Security card; etc.) were: stolen lost on or about _____
(day/month/year)

14. To the best of my knowledge and belief, the following person(s) used my information (for example, 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)

Name (if known)

Address (if known)

Address (if known)

Phone number(s) (if known)

Phone number(s) (if known)

Additional information

Additional information

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. Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information).

(Attach additional pages as necessary.)

17. (check only one)

I am willing to assist in the prosecution of the person(s) who committed this fraud.

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

18. (check only one)

I am authorizing the release of this information to law enforcement for the purposes of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

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

19. (check all that apply)

I have have not reported the events described in this affidavit to the police or other law enforcement agency. The police did did not write a report. *In the event you have contacted the police or other law enforcement agency please complete the following information:*

(Agency #1)

(Officer/Agency personnel taking report)

(Date of Report)

(Report number, if any)

(Phone number)

(email address, if any)

(Agency #2)

(Officer/Agency personnel taking report)

(Date of Report)

(Report number, if any)

(Phone number)

(email address, if any)

Document Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

20. A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card, or your passport.) If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.

21. Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill.

22. A copy of the report filed with the police or sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.

Signature

I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit 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 constitute a violation of 18 U.S.C. 1001 or other federal, state or local criminal statutes, and may result in imposition of a fine or imprisonment or both

(signature)

(date signed)

(Notary)

[Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.]

Witness:

(signature)

(printed name)

(date)

(telephone number)

New Lenox Police Department

701 W. Haven Avenue New Lenox, Illinois 60451

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CHIEF OF POLICE

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AUTHORIZATION FOR DISCLOSURE OF FINANCIAL ACCOUNT INFORMATION

I authorize _____
(name/address of financial institution)

to release the financial information of the individual named below:

Account Holder Name: _____

Address: _____

Phone Number: _____ DOB: _____

Account/Credit/Debit Card Number: _____

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Contact Person: _____

I authorize the information to be disclosed and discussed with the New Lenox Police Department.

The type and amount of information to be disclosed is as follows:

Entire bank record from (date) _____ to (date) _____

Entire credit card statement from (date) _____ to (date) _____

Copy of signature card or similar type document showing the account holder(s) signature.

I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, one year from the date of signing or on the date I become an adult according to the state law, whichever is earlier. I understand that I may revoke this authorization at any time except to the extent that action has been based on this authorization. I understand that the revocation must be in writing and presented to the provider named above. I understand that my authorization is not needed under some conditions as previously explained pursuant to a notice received from the provider named above and any revocation in writing of this authorization does not affect the ability of the provider named above to disclose information otherwise allowed by law. I understand that I have a right to a copy of this authorization.

I understand that authorization for the disclosure of this financial information is voluntary and I can refuse to sign this authorization. I understand that any disclosure of information carries with it the potential for redisclosure and the information may not be protected by federal law or regulations.

Signature of Account Holder or Authorized Personal Representative

Date

Print Name and Relationship

Date

Fraudulent Account Statement

Completing the Statement

- Make as many copies of this page as you need. Complete a separate page for each company you're notifying and only send it to that company. Include a copy of your signed affidavit.
- List only the account(s) you're disputing with the company receiving this form. See the example below.
- If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (NOT the original).

I declare (check all that apply):

As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor Name/Address (the company that opened the account or provided goods or services)	Account Number	Type of unauthorized credit/goods/service provided by creditor (if known)	Date issued or opened (if known)	Amount/value provided (the amount charged or the cost of the goods/service)
Example Example National Bank 22 Main Street Columbus, Oh 22722	01234567-89	Auto Loan	01/05/2002	\$25,000.00

During the time of the accounts described above, I had the following account open with your company:

Billing name: _____

Billing address: _____

Account number: _____

Sample Dispute Letter

Date

Your Name
Your Address
City, State, Zip Code

Complaint Department

Name of Company
Address
City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute the following information in my file. I have circled the items I dispute on the attached copy of the report I received.

This item (identify item(s) disputed by name of source, such as creditors or tax court, and identify type of item, such as credit account, judgment, etc.) is (inaccurate or incomplete) because (describe what is inaccurate or incomplete and why). I am requesting that the item be removed (or request another specific change) to correct the information.

Enclosed are copies of (use this sentence if applicable and describe any enclosed documentation, such as a police report, Identity Theft Affidavit, payment records, court documents) supporting my position. Please reinvestigate this (these) matter(s) and (delete or correct) the disputed item(s) as soon as possible.

In addition, pursuant to FACTA as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below. **In addition, please make these records available to the New Lenox Police Department upon their request.**

Sincerely,

Your name
Enclosures: (List what you are enclosing.)

Sample Dispute Letter For Existing Accounts

Date

Your Name

Your Address

City, State, Zip Code

Your Account Number

Name of Creditor

Billing Inquiries

Address

City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute a fraudulent (charge or debit) on my account in the amount of \$_____. I am a victim of identity theft, and I did not make this (charge or debit). I am requesting that the (charge be removed or the debit reinstated), that any finance and other charges related to the fraudulent amount be credited, as well, and that I receive an accurate statement.

Enclosed are copies of (use this sentence to describe any enclosed information, such as a police report or Identity Theft Affidavit) supporting my position. Please investigate this matter and correct the fraudulent (charge or debit) as soon as possible.

In addition, pursuant to.....as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below). **In addition, please make these records available to the New Lenox Police Department upon their request.**

Sincerely,

Your name

Enclosures: (List what you are enclosing.)

**Fair and Accurate Credit Transactions
Act of 2003
PUBLIC LAW 108-159 DECEMBER 4, 2003**

SEC. 151. SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS.

(a) IN GENERAL-

(1) SUMMARY- Section 609 of the Fair Credit Reporting Act (15 U.S.C. 1681g) is amended by adding at the end the following:

(d) SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS-

(1) IN GENERAL- The Commission, in consultation with the Federal banking agencies and the National Credit Union Administration, shall prepare a model summary of the rights of consumers under this title with respect to the procedures for remedying the effects of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor.

(2) SUMMARY OF RIGHTS AND CONTACT INFORMATION- Beginning 60 days after the date on which the model summary of rights is prescribed in final form by the Commission pursuant to paragraph (1), if any consumer contacts a consumer reporting agency and expresses a belief that the consumer is a victim of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor, the consumer reporting agency shall, in addition to any other action that the agency may take, provide the consumer with a summary of rights that contains all of the information required by the Commission under paragraph

(1), and information on how to contact the Commission to obtain more detailed information.

(e) INFORMATION AVAILABLE TO VICTIMS-

(1) IN GENERAL- For the purpose of documenting fraudulent transactions resulting from identity theft, not later than 30 days after the date of receipt of a request from a victim in accordance with paragraph (3), and subject to verification of the identity of the victim and the claim of identity theft in accordance with paragraph (2), a business entity that has provided credit to, provided for consideration products, goods, or services to, accepted payment from, or otherwise entered into a commercial transaction for consideration with, a person who has allegedly made unauthorized use of the means of identification of the victim, shall provide a copy of application and business transaction records in the control of the business entity, whether maintained by the business entity or by another person on behalf of the business entity, evidencing any transaction alleged to be a result of identity theft to--

(A) the victim;

(B) any Federal, State, or local government law enforcement agency or officer specified by the victim in such a request; or

(C) any law enforcement agency investigating the identity theft and authorized by the victim to take receipt of records provided under this subsection.

(2) VERIFICATION OF IDENTITY AND CLAIM- Before a business entity provides any information under paragraph (1), unless the business entity, at its discretion, otherwise has a high degree of confidence that it knows the identity of the victim making a request under paragraph (1), the victim shall provide to the business entity--

(A) as proof of positive identification of the victim, at the election of the business entity--

(i) the presentation of a government-issued identification card;

(ii) personally identifying information of the same type as was provided to the business entity by the unauthorized person; or

