



MACOMB COUNTY SHERIFF'S OFFICE IDENTITY THEFT VICTIM'S PACKET



Information and Instructions

This packet is to be completed once you have contacted the Macomb County Sheriff's Office and obtained a complaint number related to your identity theft case. Please keep track of your complaint number as creditors, financial institutions and credit reporting agencies will ask you for it.

My Macomb County Sheriff's Office Complaint number is:

Complaint #: _____

Officer: _____

Voice Mail #: _____

It is important that you complete this document and turn it in to the Macomb County Sheriff's office promptly. The information you provide in this packet is crucial in determining if a criminal investigation can continue. This packet will also assist you in the correction of your credit and to help ensure that you are not held responsible for the debts incurred by the identity theft.

In addition, the information provided in this packet will allow you to obtain financial records related to the fraudulent accounts and provide records to law enforcement which are needed to conduct an investigation for prosecution. We request that you only submit this packet to the Macomb County Sheriff's Office if you desire prosecution. We recognize that some victims are only interested in the correction of their credit and do not necessarily wish for prosecution. It is important to understand that if a suspect is identified, arrested and the case proceeds to court, you (as the victim) will be required to appear and testify.

Before we can begin investigating your case for prosecution, you will need to complete this packet and the all dispute letters. In identity theft cases, it is difficult to identify the suspects 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 accounts with fraudulent information. Frequently, the investigator cannot find enough 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 can not be identified for prosecution, it will not affect your ability to correct the fraudulent accounts and remove them from your credit.

NOTE: It may not be necessary to complete this packet 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.
- ❖ 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.

HELPFUL HINTS

- ❖ Remember, each creditor may have different policies and procedures for the correction of fraudulent accounts.
- ❖ Do **NOT** submit originals. Be sure to keep copies of everything you submit to the creditor's or companies involved in the identity theft.
- ❖ Write down dates, times and names of representatives you speak to regarding the identity theft and correction of your credit.

STEP 1: CONTACT YOUR BANK AND OTHER CREDIT CARD HOLDERS

If the theft involved existing bank accounts (checking, savings, credit or debit card accounts), check with your bank representative on how to:

- ✓ Close the account that was fraudulently used immediately.
- ✓ Close all fraudulently used credit card accounts.
- ✓ Close all accounts accessible by the fraudulent debit.
- ✓ 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, do the following:

- ✓ Call the involved financial institution and notify them of the identity theft.
- ✓ They may require additional notification in writing (See Step 4).

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

First, request a "Fraud Alert" be put on your file with each of the three credit bureaus. A fraud alert will put a notice on your credit report stating that you have been a 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. Subsequently, the PIN must be given before credit is extended. Ask the credit reporting bureaus if your state participates in the "Security Freeze Program".

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

Equifax	TransUnion	Experian
www.equifax.com	www.transunion.com	www.experian.com
Consumer Fraud Division 1-800-525-6285	Fraud Victim Assistance Dept 1-800-680-7289	National Consumer Assistance 1-888-397-3742
Fraud Alert 1-888-766-0008	Free annual credit report 1-877-322-8228	
Receive copy of credit report by phone: 1-800-685-1111	Dispute item on credit report 1-800-916-8800	

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 year, per credit bureau agency. Subsequent credit reports available at a nominal fee.

STEP 3: FILE A REPORT WITH THE FEDERAL TRADE COMMISSION

To file an identity theft complaint with the FTC go online:

www.consumer.gov/idtheft.com or call 1-877-IDTHEFT (1-877-438-4338).

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

This step involves contacting all companies and/or institutions that provided credit or opened new accounts for the suspect(s). Some examples include banks, mortgage, utility, telephone and cell phone companies; as well as other entities.

You will need to provide the creditors with the completed Identity Theft Affidavit (some may require that you use their own affidavit), Letter(s) of Dispute and a copy of the FACTA Law.

FTC IDENTITY THEFT AFFIDAVIT

The FTC makes an Identity Theft Affidavit available to victims of identity theft and can be found at the end of this packet. The affidavit requests information regarding you, as the victim, how the fraud occurred, law enforcement's actions, documentation checklist(s) and a Fraudulent Account Statement.

NOTE: Some creditors, financial institutions or collection agencies have their own affidavit forms that you may have to complete.

LETTER(S) OF DISPUTE

A Letter of Dispute needs to be completed for every creditor involved in the identity theft (Sample copies of the Letter of Dispute can be found at the end of this packet). The Letter of Dispute should contain information related to your dispute of the account(s) and your request for the information to be corrected.

In addition, the letter should reference FACTA and request copies of any and all records related to the fraudulent account(s) be provided to you and made available to the Macomb County Sheriff's Office.

FACTA LAW

As previously discussed in this packet, FACTA allows for you to obtain copies of all records related to the fraudulent account(s). A portion of the FACTA Law can also be found at the end of this packet. You are then permitted to provide law enforcement with copies of the records you received related to the fraudulent account(s); thereby allowing us to bypass the sometimes difficult process of obtaining search warrants or subpoenas for the very same information. It also allows you to request the information be made available to the Macomb County Sheriff's Office. We have found it useful to provide a copy of the FACTA Law with the submission of the Identity Theft Affidavit Letter of Dispute to the individual creditors.

STEP 5: SUBMIT THE IDENTITY THEFT AFFIDAVIT, COPIES OF ALL INFORMATION AND RECORDS OBTAINED FROM CREDITORS WITH REGARD TO THE FRAUDULENT ACCOUNT(S)

Contact the officer or detective whom you are working with at 586-307-9358.

OR

Send the information to:

Macomb County Sheriff's Office
43565 Elizabeth Rd.
Mt. Clemens, MI 48043

Attn: [Macomb County Sheriff's Office Complaint Number]

The information can be hand delivered or mailed. To avoid confusion and to ensure that all items are forwarded to the assigned detective, we request that you submit everything at once; however, if you obtain additional information pertaining to your case at a later date, please be sure to reference your complaint number on all items.

Please remember, only submit this packet to the Macomb County Sheriff's Office if you want to prosecute and you are willing 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**

Contact your local postal inspector if you suspect that your mail has been stolen or diverted with a false change of address. You can obtain the address and telephone number of the postal inspector for your area at the United States Postal Service website:

<http://www.usps.com/>

Or

1-800-275-8777

✓ **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 the following site:

<http://www.ssa.gov/online/ssa-7004.html>

✓ **STATE DEPARTMENT**

If your passport has been stolen, notify the passport office in writing. You can obtain additional information from the State Department website at:

http://travel.state.gov/passport/passport_1738_2.html

✓ **COLLECTION AGENCY**

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, Identity Theft Affidavit, Letter of Dispute and a copy of the FACTA law.

www.ic3.gov

✓ **COMBINED SITE FOR FBI AND WHITE COLLAR CRIME TO REPORT INTERNET CRIMES INCLUDING FRAUDS.**

IDENTITY THEFT VICTIM INFORMATION

Please complete this form and return it to the police agency investigating your case as soon as possible. Identity theft cases required the assistance of all victims involved, as accurate personal account information is only known by the victim. In many cases an investigation cannot begin until the investigator receives the information requested in this form. The information provided will be used to organize the investigative case, determine where evidence might be found, develop a theory of how the identity crime occurred, and determine what financial institutions should be contacted in the course of the investigation.

Today's Date:	Date of Incident:	Law Enforcement Incident Number:	
First Name:	Middle Name:	Last Name:	
Driver's License Number/State:	Date of Birth:	Social Security Number:	
Home Street Address:	City:	State:	Zip Code:
Home Telephone #: ()	Cell Phone #: ()	E-Mail Address:	
Employer:	Work Address:	Work Telephone #: ()	
<p>1. How did you become aware of the identity crime? Briefly describe within this section. Describe in detail within the attached timeline.</p>			
<p>2. On what date did the fraudulent activity begin?</p>			
<p>3. Where did the fraudulent activity begin?</p>			
<p>4. What is the full name, address, birth date, and other identifying information under which the fraudulent activity was made?</p>			
<p>5. Are you aware of any documents and/or identifying information that were stolen and/or compromised; I.E. credit cards, ATM cards, checks, driver's license, etc?</p>			
<p>6. To assist law enforcement in pinpointing when and by whom your information was compromised, it is of value to retrace your actions in recent months with regard to your personal info. This information is not solicited to "blame the victim" for the crime, but to further the investigation toward who might have stolen your personal or financial identifiers. What circumstances and activities have occurred in the last six months may have led to the theft of personal identification?</p> <p>Please include activities done by you and on your behalf by a member of your family or a friend.</p>			

For any items checked below, please explain the circumstances of the situation in as much detail as possible.

I carried my Social Security Card in my wallet.

I carried my bank account passwords, PINs, or codes in my wallet.

I gave out my Social Security Number. If so, to whom?

My mail was stolen. Give approximate date.

I went away and my mail was held at the Post Office or collected by someone else.

I traveled to another location outside my home area. Where did you go and when?

Mail was diverted from my home, either by a forwarding order or in a way unknown to me.

I did not receive a bill as usual or a credit card bill failed to come in the mail. Which one?

Documentation with my personal information was thrown in the trash without being shredded.

Credit card bills, pre-approved credit card offers, or credit card "convenience" checks in my name was thrown away without being shredded.

My garbage was stolen or gone through.

My ATM receipts and/or credit card receipts were thrown away without being shredded.

My password or PIN was given to someone else.

My home was burglarized.

My car was stolen or burglarized.

My purse or wallet was stolen.

My checkbook was stolen.

I recently provided my personal information to a new source. Please list source.

For any items checked below, please explain the circumstances of the situation in as much detail as possible.

My personal information was given to a telemarketer or telephone solicitor.

My personal information was given to a door-to-door salesperson or charity fundraiser.

A charitable donation was made using my personal information.

My personal information was given to enter a contest or claim a prize I had won.

I recently opened a new bank account or a new credit card account.

I re-financed my house or property.

Online purchases were made using my credit card. What company?

My personal information was recently included in an e-mail.

I released personal information to a friend or family member. List person(s) name:

7. How many purchases over the Internet (retailer or auction sites) have you made in the last six months?

8. What Internet sites have you bought from? Please list all.

9. In the last six months, whom has your Social Security number been given to? Please list all.

10. Do your checks have your Social Security Number or Driver's License Number imprinted on them?

Yes No If yes, please list retail names where checks have been tendered.

11. Have you written your Social Security Number or Driver's License Number on any checks in the last six months or has a retailer written those numbers on a check?

Yes No If yes, please list instances and retailers names.

<p>12. Do you have any information on a suspect in this identity crime case? <input type="checkbox"/> Yes <input type="checkbox"/> No How do you believe the theft occurred?</p>
<p>13. Please list all fraudulent accounts that were obtained by use of your name and/or personal identity info (if multiple accounts, please include on the time line)</p>
<p>14. Type of account and account number – if a bank account; please list the account numbers for checking and savings as well as any other accounts, such as brokerage, pension, etc. Were there any fraudulent charges? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Please list all legitimate accounts in your name/personal identity information which have incurred fraudulent charges or activity.</p>
<p>16. Please list any documents fraudulently obtained in your name; I.E., Driver's License, Social Security cards, etc.</p>
<p>17. Have you contacted the following organizations and requested a Fraud Alert be placed on your account? Check all that you have contacted about a Fraud Alert.</p> <p><input type="checkbox"/> Equifax – Date of contact? _____</p> <p><input type="checkbox"/> Trans Union – Date of contact? _____</p> <p><input type="checkbox"/> Experian – Date of contact? _____</p> <p><input type="checkbox"/> Secretary of State / Department of Motor Vehicles. Date of contact? _____</p> <p><input type="checkbox"/> Social Security Administration. Date of contact? _____</p> <p><input type="checkbox"/> Other – please list: _____</p>
<p>18. Have you contacted a financial institution concerning either legitimate or fraudulently opened accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the financial institution, phone number and the name of person with whom you spoke:</p>
<p>In the "Time Line" on the next page, please list all fraudulent activity that you are aware of to date. Be sure to include the locations and addresses where fraudulent applications or purchases were made, such as retailers, banks, etc. List in chronological order, if possible.</p> <p>Example:</p> <p>"On 09/18/2007 I received a letter from MM Collections stating that I had accumulated \$5,000 worth of charges on American Express Account 1234356789. On 09/18/2007 I called American Express and spoke with Jennifer Martin. She informed me that the account was opened on 05/12/2007 by telephone. I did not open this account, even though it was in my name. The account address was 123 Main St, Anytown, NE. Ms. Martin said she would send me an Affidavit of Forgery to complete and return to her."</p>

TIME LINE

- ❖ Please bring with you to the meeting with the Investigator: all account documents, letter, correspondence, phone records, credit reports, and other documents regarding this case.
 - ❖ Please make a copy of this completed form for your records.
 - ❖ Keep and maintain a detailed log of all your correspondence and contacts since completing this form. Keep and maintain all original copies of correspondence related to the crime.
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IDENTITY THEFT AFFIDAVIT

Victim Information		
Last Name <i>(include suffix if any):</i>	First Name:	Middle Name:
(if different from above) when the events described in this affidavit took place. You were also know as: Maiden Name:	Alias 1:	Date of Birth (Day/Month/Year):
Current Street Address:	City, State & Zip Code:	Years at present address (month/year):
(if different from above) when the events described in this affidavit took place. My address was: Street Address:	City, State & Zip Code:	I lived at this address from: Month/Year to Month/Year
Daytime Telephone Number:	Evening Telephone Number:	Cell Phone Number:
Driver's License or State ID Number:	If other than MI, please list state ID is registered:	Social Security Number:
How the Fraud Occurred - Check all that apply for items 1 through 6:		
1. <input type="checkbox"/> 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.		
2. <input type="checkbox"/> I did not receive any benefit, money, goods or services as a result of the events described in this report.		
3. <input type="checkbox"/> My identification documents (for example: credit cards, birth certificate, driver's license, Social Security card, etc) were: Stolen or lost on or about (Day/Month/Year):		
4. <input type="checkbox"/> 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.		
Please provide any known information below: Last Name <i>(include suffix if any):</i>	First Name:	Middle Name:
Maiden Name:	Date of Birth:	Social Security Number:
Current Street Address:	City, State & Zip Code:	
Any additional known information:		
5. <input type="checkbox"/> I DO NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.		
6. <input type="checkbox"/> Additional Comments: (For example: description of the fraud, which documents or information was used or how the identity thief gained access to your information).		
Victim's Law Enforcement Actions – *****Check One Only for items 7 through 9*****		
7. <input type="checkbox"/> I am willing to assist in the prosecution of the person(s) who committed this fraud. <input type="checkbox"/> I am NOT willing to assist in the prosecution of the person(s) who committed this fraud.		
8. <input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		

FRAUDULENT ACCOUNT STATEMENT

COMPLETING THE STATEMENT

- ✓ Make as many copies of this page as you need. Complete a separate page for each company you are notifying and only send it to that company. Include a copy of your signed Affidavit.
- ✓ List only the account(s) you are 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, account a copy of that document (NOT the original).

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

	Creditor	Account #	Unauthorized Credit	Date	Amount
EXAMPLE:	Smith National Bank Address City State, Zip Code	01234567-89	Auto Loan	01/05/2002	\$15,959.54

Creditor	Account #	Unauthorized Credit	Date	Amount

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

Billing Name	Billing Address	Account #

SAMPLE DISPUTE LETTER

Date
Your Name
Your Address
Your 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 or 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 above or faxed to the following number*). In addition, please make these records available to the (*Macomb County Sheriff's Officer or other law enforcement department*) upon their request.

Sincerely,

Your name
Enclosures: (*list what you are enclosing*)

SAMPLE DISPUTE LETTER FOR EXISTING ACCOUNTS

Date
Your Name
Your Address
Your 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*) that has been placed 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 remove 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 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 accounts. The copies of the records can be (*mailed to me at the address listed above or faxed to the following number*). In addition, please make these records available to the (*law enforcement department*) upon their request.

Sincerely,

Your Name
Enclosures: (*List what you are enclosing*)