## **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:ZII	P:
PHONE: ()	ALTERNATE PHONE: ()	
DATE OF BIRTH:// SOCIAL	SECURITY NUMBER	-
	STATE:	Office Use Only
		Claim Number
PRIMARY LANGUAGE:		
	CRIME INFORMATION	
1. DATE THEFT DISCOVERED:/	/ DATE THEFT REPORTED:	
2. LAW ENFORCEMENT AGENCY THAT TOOK I	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:	
Credit Card Fraud	ATM FRAUD	
SSN MISUSE	INCOME TAX FRAUD	
Driver's License Misuse	INSURANCE FRAUD	
PASSPORT	UTILITY BILLS	
CHECK FRAUD	OTHER (DESCRIBE ON OPPOSITE PAGE	)
5. STATISTICAL INFORMATION: THIS INFORMA	ATION IS USED ONLY FOR STATISTICAL PURPOSES	
A.) <b>GENDER:</b> MALE   FEMALE		
B.) <b>AGE</b> : □ 17 OR UNDER □ 18-63 □ 64	4 & OVER	
C.) ETHNICITY:   CAUCASIAN   NATIVE AI	MERICAN □ AFRICAN AMERICAN □ HISPANIC □	ASIAN OR PACIFIC ISLANDER
☐ OTHER		
	COUNTY ATTORNEY   MEDIA   HOSPITAL   VIC	CTIM 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
	F THE THEFT AND ANY DOCUMENTATION TO SUPPORT THE CRIME. INCLUDE WHAT WAS STOLEN D. ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED.
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	CERTIFICATION
I HEREBY CERTIFY WITH MY SIGNATURE E OF MY KNOWLEDGE AND THAT I HAVE FII	BELOW THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST LED 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 12 <sup>th</sup> Street
	DES MOINES, IA 50319
For applitions, with the second	/F4F\ 204 F044
FOR ADDITIONAL INFORMATION CALL:	(515) 281-5044 (800) 373-5044 (TOLL-FREE)