



HUDSON POLICE DEPARTMENT  
303-536-9311 • 303-536-4878  
50 S. Beech Street  
Hudson, CO 80642



## **Victim's Identity Theft Packet**

***\*\*Use this packet when the crime involves the stealing of someone's identity, such as when a person finds out that someone has stolen their social security number and is using it for employment/unemployment. Other examples may be when an account is opened using the person's personal identifying information or when a known/unknown individual uses someone's credit card or receives benefits in their name.\*\****

**AUTHORIZATION FOR DISCLOSURE OF FINANCIAL ACCOUNT INFORMATION**

I authorize \_\_\_\_\_

(name of institution) to release the financial information of the individual named below:

Account Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Account/Credit/Debit Card Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Contact Person: \_\_\_\_\_

Bank Address: \_\_\_\_\_

**Information Requested:**

Entire bank record from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Entire credit card statement from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

*I authorize the information to be disclosed and discussed with the Hudson Police Department and 19<sup>th</sup> Judicial District. 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 present 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 disclosure and the information may not be protected by federal law or regulations.*

\_\_\_\_\_  
Signature of Account Holder/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Relationship

\_\_\_\_\_  
Date

## FRAUD REPORTING FORM

**\*Complete one form for EACH fraud complaint**

Type of transaction fraudulently used: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Financial/Checking Account <input type="checkbox"/> Social Security/Personal Information	Was the personal/checking information or debit/credit card: <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Still in your possession
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Was a police report filed at the time of the theft or loss of the credit/debit card?  
 Yes  No If yes, agency name \_\_\_\_\_ Report # \_\_\_\_\_

**Type of Fraud:**

<input type="checkbox"/> Unauthorized Use	<input type="checkbox"/> Forgery	<input type="checkbox"/> Embezzlement
<input type="checkbox"/> Unauthorized Account/Card	<input type="checkbox"/> Identity Theft	<input type="checkbox"/> Internet Fraud
<input type="checkbox"/> Other _____		

**Card Information:**  
 Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Associated checking account # \_\_\_\_\_  
 Bank: \_\_\_\_\_ Branch Location: \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_ Date Opened: \_\_\_\_\_  
 MasterCard  Visa  American Express  Discover  Other \_\_\_\_\_

Date of Transaction	Amount	Location Used	City	State
	\$			
	\$			
	\$			
	\$			

Did you report this to your bank?  
 Yes Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 No

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## *Identity Theft Victim's Packet*

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This packet 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 the Hudson 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 most likely be required to appear and testify.*

*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 identify 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.\*\*** Furthermore, when you report you identity crime to the Hudson Police Department, all of the relevant information from your case is entered into our database which will allow us to cross-reference your report with potential suspects who are involved in or arrested on other cases.*

### **Note:**

- **If you suspect someone is using your personal information for employment/unemployment 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 be necessary to complete this packet.**
- **If someone uses your name and/or information 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.*

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### **Step 1: Contact your bank and other credit card issuers.**

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

- Close the account that was used fraudulently or put stop payments on all outstanding checks/debit card transactions that might have been charged 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 new accounts protected with a secret password or personal identification number (PIN).

If the identification 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)

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### **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.mytruston.com](http://www.mytruston.com) – provides useful information related to identity theft and indicates which states participate in the Security Freeze Program.

[www.annualcreditreport.com](http://www.annualcreditreport.com) – provides one free credit report, per credit bureau agency, per year, with subsequently 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  
1-800-525-6285

TransUnion  
1-800-680-7289

Experian  
1-888-397-3742

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### **Step 3: File a report with the Federal Trade Commission.**

You can go online to file an identity theft complaint with the FTC at [www.ftccomplaintassistant.gov](http://www.ftccomplaintassistant.gov) or by calling 1-877-ID-THEFT (1-877-438-4338); TTY: 1-866-653-4261.

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**Step 4: Contact creditors involved in the identity theft by phone or in writing.**

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

***FTC 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***

A sample copy 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 account(s) provided to you and made available to the Hudson Police Department.

***FACTA Law***

You can review the Fair and Accurate Credit Transactions law by going to <https://www.congress.gov/108/plaws/publ159/PLAW-108publ159.pdf>. Section B refers to the protection and restoration of identity theft victim credit history. 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 record requests for the very same information. It also allows you to request the information be made available to the Hudson Police Department.

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**Step 5: Submit the Identity Theft Affidavit and copies of all information and records obtained from the creditors regarding the fraudulent accounts to:**

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**Hudson Police Department  
50 S. Beech Street  
Hudson, CO 80642**

To avoid confusion and to ensure that all items are forwarded to the investigating officer/detective we request that you submit everything at once and if possible do not send items separately. The information can be hand delivered or mailed.

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### Additional Useful Information and Contacts

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#### 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 the United States Postal Service website: <http://www.usps.com/nsc/locators/findis.html> or by calling 1-800-275-8777.
- **Social Security Administration** – If you suspect that someone is using your social security number to obtain (un)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.
- **State Department** – if your passport has been lost or stolen, notify the passport office in writing. You can obtain additional information from the State Department’s website: [http://travel.state.gov/passport/lost/us/us\\_848.html](http://travel.state.gov/passport/lost/us/us_848.html) or by calling 1-877-487-2778.
- **Internal Revenue Service** – To report identity theft to the Identity Protection Specialized Unit you can go to [www.irs.gov/identitytheft](http://www.irs.gov/identitytheft) or call 1-800-908-4490.
- **U.S. Department of Justice** – to report suspected bankruptcy fraud you can visit [www.justice.gov/ust/eo/fraud](http://www.justice.gov/ust/eo/fraud).
- **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.

# ID Theft Affidavit

## *Victim Information*

1. My full legal name is

\_\_\_\_\_

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

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

\_\_\_\_\_

(First) (Middle) (Last) (Jr., 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 \_\_\_\_\_.

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 \_\_\_\_\_.

9. I lived at the address in Item 8 from \_\_\_\_\_ until \_\_\_\_\_.

(month/year) (month/year)

10. My phone number is (\_\_\_\_) \_\_\_\_\_.

My email is \_\_\_\_\_.

## *How the Fraud Occurred*

*Check all that apply for items 11-17:*

11. I did not authorize anyone to use my name or personal information to seek money, credit, loan, goods or services described in this report.  Yes  No



12. I did not receive any benefit, money, goods or services as a result of the events described in this report.  Yes  No

13. To the best of my knowledge and belief, the following person(s) used my information (name, address, date of birth, existing account numbers, Social Security Number, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

\_\_\_\_\_ Full Name

\_\_\_\_\_ Full Name

\_\_\_\_\_ Address

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number(s)

\_\_\_\_\_ Phone Number(s)

\_\_\_\_\_ Additional Information

\_\_\_\_\_ Additional Information

14. I do not know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:  Yes  No

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

\_\_\_\_\_  
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(attach additional pages as necessary)

***Victim's Law Enforcement Actions***

16. (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.

17. (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.

18. (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 Name

\_\_\_\_\_  
Officer/Agency personnel taking report

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Report Number (if any)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address (if any)

***Signature***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Identity Theft Packet

# Sample Dispute Letter

For Existing Accounts

Date

Your Name

Your Address

Your City, State, Zip Code

Your Account Number

Name of Creditor/Bank

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), and that any finance and other charges related to the fraudulent amount be credited as well, and that I receive an accurate statement.

Enclosed are the copies of (use this sentence to describe any enclosed information, such as a police report) supporting my position. Please investigate this matter and correct the fraudulent (charge or debit) as soon as possible. I would appreciate a response from you in writing. Thank you for your assistance.

Sincerely,

(Your Name)

Enclosures: (list what you are enclosing)