



# OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA

## IDENTITY THEFT PASSPORT REQUEST – VICTIM INFORMATION SHEET

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

MAILING ADDRESS (INCLUDE ZIP): \_\_\_\_\_ PHONE: HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

E-MAIL \_\_\_\_\_ SEX:  MALE  FEMALE RACE \_\_\_\_\_

PHOTO ID \_\_\_\_\_ U.S. CITIZEN  YES  NO

DRIVER'S LICENSE NO. \_\_\_\_\_ NON-U.S. CITIZEN/LAWFULLY  YES  NO  
**(MUST ATTACH COPY OF VALID VA DRIVER'S LICENSE OR DMV ID)** PRESENT

SOCIAL SECURITY NO. \_\_\_\_\_ PLEASE INDICATE YOUR STATUS\*  
**(\*MUST PROVIDE COPY OF SUPPORTING DOCUMENTATION)**

DATE YOU BECAME AWARE OF IDENTITY THEFT: \_\_\_\_\_

COUNTY/CITY AND STATE WHERE THEFT OCCURRED \_\_\_\_\_

RESIDENT OF VIRGINIA AT TIME OF INCIDENT?  YES  NO

VA LOCALITY WITH WHICH YOU FILED A POLICE REPORT: \_\_\_\_\_

NAME AND PHONE NUMBER OF OFFICER WHO TOOK YOUR REPORT: \_\_\_\_\_

AS A RESULT OF ID THEFT, ARE THERE CRIMINAL CHARGES ON YOUR RECORD?  YES  NO

COPY OF VA POLICE REPORT OR EXPUNGEMENT ORDER ATTACHED (IF CRIMINAL CHARGES)  YES  NO

**(MUST PROVIDE COPY OF POLICE REPORT/INCIDENT REPORT OR COURT ORDER/EXPUNGEMENT)**

NAME OF COURT THAT ISSUED EXPUNGEMENT ORDER/DATE OF ORDER: \_\_\_\_\_

HAS THE PERSON WHO HAS STOLEN YOUR INFORMATION BEEN IDENTIFIED?  YES  NO

IF YES, HAS THE SUSPECT BEEN ARRESTED?  YES  NO

IF YES, GIVE THE NAME OF THAT SUSPECT: \_\_\_\_\_

TYPE OF THEFT/INVOLVEMENT (PLEASE CHOOSE ONE OR MORE):

- CREDIT CARD  SSN MISUSE  DRIVER'S LICENSE  PASSPORT  STOLEN CHECKS  MAIL  ATM
- INCOME TAX FRAUD  CIVIL/CRIMINAL JUDGMENT  INS. COVERAGE  IND. DEPT. STORE ACC'TS  OTHER\* (DESCRIBE BELOW)

GIVE A BRIEF DESCRIPTION OF THE INCIDENT(S) OF YOUR ID THEFT (PLEASE CONTINUE ON THE BACK OF THIS FORM IF NECESSARY):

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ BEFORE SIGNING:** PLEASE KNOW THAT IN ACCORDANCE WITH § 18.2-461 IT SHALL BE UNLAWFUL FOR ANY PERSON (I) TO KNOWINGLY GIVE A FALSE REPORT AS TO THE COMMISSION OF ANY CRIME TO ANY LAW-ENFORCEMENT OFFICIAL WITH INTENT TO MISLEAD, OR (II) WITHOUT JUST CAUSE AND WITH INTENT TO INTERFERE, WITH THE OPERATIONS OF ANY LAW-ENFORCEMENT OFFICIAL. VIOLATION OF THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE AS A CLASS 1 MISDEMEANOR.

BY SIGNING THIS REPORT, I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE AND I ACKNOWLEDGE THAT I DID FILE AN ACCURATE AND TRUE POLICE REPORT OR EXPUNGEMENT ORDER RELATED TO MY IDENTITY THEFT, A COPY OF WHICH IS ATTACHED.

VICTIM'S SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**PLEASE INFORM THIS OFFICE IN WRITING OF ANY CHANGES IN YOUR ADDRESS**

**RETURN THIS FORM TO:** OFFICE OF THE ATTORNEY GENERAL  
202 N. NINTH STREET  
RICHMOND, VA 23219