



IDENTITY THEFT PASSPORT REQUEST -- VICTIM INFORMATION SHEET

NAME: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____ PHONE: H: (____) _____ W: (____) _____
DATE OF BIRTH: _____
SEX: MALE FEMALE: RACE: _____
U.S. CITIZEN: YES NO
NON-U.S. CITIZEN/LAWFULLY PRESENT: YES NO
E-MAIL: _____ PLEASE INDICATE YOUR STATUS* _____
PHOTO ID: _____
DRIVER'S LICENSE # _____ (*MUST provide copy of supporting documentation)

(MUST attach copy of valid VA Driver's License or DMV ID)
SOCIAL SECURITY # _____

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 POLICE REPORT: _____

NAME & 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 STOLE YOUR INFORMATION BEEN IDENTIFIED? YES NO

IF SO, HAS THE SUSPECT BEEN ARRESTED? YES NO DON'T KNOW

IF YES, GIVE THE NAME OF THAT SUSPECT: _____

TYPE OF THEFT / INVOLVEMENT: 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 BRIEF DESCRIPTION OF THE INCIDENT(S) OF YOUR ID THEFT: _____

(PLEASE CONTINUE ON 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
ATTN: IDENTITY THEFT PASSPORT PROGRAM
202 NORTH 9TH STREET
RICHMOND, VA 23219

PROGRAM PHONE NUMBERS:
800-370-0459
804-692-0555