

# JACKSONVILLE BEACH POLICE DEPARTMENT

101 PENMAN ROAD, SOUTH  
JACKSONVILLE BEACH, FLORIDA 32250

## IDENTITY THEFT AFFIDAVIT

### **VICTIM INFORMATION**

**CASE #:**

FIRST NAME	MIDDLE NAME	LAST NAME
DOB	SSN	DL NUMBER
ADDRESS		
ADDRESS AT TIME OF THEFT IF DIFFERENT FROM ABOVE		
HOME PHONE	CELL PHONE	WORK PHONE

### **HOW IDENTITY THEFT OCCURRED (check all that apply)**

- My existing account (e.g., credit card, debit card, banking, telephone, etc.) was used by another person.
- My personal information was used by another person to obtain a new account (e.g., credit card, debit card, banking, telephone, etc.)
- My personal information was used by another person to obtain fraudulent identification (e.g., driver's license, passport, etc.)
- Other: \_\_\_\_\_

### **SUSPECT INFORMATION (check one)**

- I do not know the true identity of the person who used my personal information and/or account.
- I believe the following person/s used my personal information and/or account:
- \_\_\_\_\_

### **DESCRIPTION OF INCIDENT (Use additional pages as needed)**

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

I affirm that the information contained in this affidavit is true and correct to the best of my knowledge. I understand that filing a false report is a criminal offense punishable under Florida State Statute 837.05. Further, I understand and agree that this affidavit and/or the information contained in this affidavit may be shared with other law enforcement agencies for use in multi-jurisdictional investigations.

\_\_\_\_\_  
(SIGNATURE OF VICTIM/AFFIANT)

\_\_\_\_\_  
(DATE)

Revised 2010