



IDENTITY THEFT PASSPORT REQUEST -- APPLICATION

NAME: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____
PHONE: H: (____) _____ W: (____) _____
PHONE: CELL: (____) _____
DATE OF BIRTH: _____
GENDER: _____
U.S. CITIZEN: Yes No

E-MAIL: _____
PHOTO ID: _____
DRIVER'S LICENSE # _____
NON-U.S. CITIZEN/LAWFULLY PRESENT: Yes No
PLEASE INDICATE YOUR STATUS* _____
*(*Attach 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 SUSPECT NAME: _____

IF SO, HAS THE SUSPECT BEEN ARRESTED? Yes No

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 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.

SIGNATURE: _____

DATE: _____

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

RETURN THIS FORM TO: OFFICE OF THE ATTORNEY GENERAL
ATTN: VICTIM NOTIFICATION PROGRAM
202 NORTH 9TH STREET
RICHMOND, VA 23219

PROGRAM PHONE NUMBERS:
800-370-0459
804-692-0555
804-786-0991 (FAX)