Office of the Attorney General of Virginia

Identity Theft Passport Request -- Victim Information Sheet

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
_____
_____
_____ZIP _____

Phone: H: (____) _____ W: (____) _____
Date of Birth: _____
Sex: Male ☐ Female : ☐ Race: _____
U.S. Citizen: Yes ☐ No ☐

E-Mail: _____
Photo ID: _____
Driver's License #: _____

Non-U.S. Citizen/Lawfully Present: Yes ☐ No ☐
Please Indicate Your Status* _____
(*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
900 East Main Street
Richmond, VA 23219

Program Phone Numbers: 800.370.0459 804.692.0555 804.786.5284