

Department of JusticeOffice of Consumer Protection

P. O. Box 200151 Helena, MT 59620-0151 (406) 444-4500 or (800) 481-6896

Identity Theft Passport Application

Personal Information

Name First Middle Last **Prior Names** or Aliases Last First Middle Mailing **Address** Street or PO Box City State **Previous Address** Street or PO Box City State Home phone Date of Birth Work phone Place of Birth Yes No Gender (please circle) Female Male U.S. Citizen (please circle) Social **Drivers License** Security # State Number *Disclosure is voluntary & for identification purposes only ** Copy of Drivers License must be included Crime Information Date you discovered the theft County & State where theft occurred Law enforcement agency crime reported to Case # Yes Nο Has the person who stole your information been identified? (please circle) If yes, please provide name of the suspect Suspect's Name Has the suspect been arrested? (please circle) Yes No Unknown

Type of Theft
(credit card, checks/ATM, SSN, etc...)

Account Numbers

\$

\$

\$

\$

Use additional paper if necessary

Use additional paper if necessary **Applicant Certification** I understand that if I knowingly provide false information, I may be subject to false swearing charges under Montana law (45-7-202, MCA). By signing this application, I attest that: • the information provided on this form is true and accurate, and I have filed a true and accurate police report of this incident. **Applicant Signature** Date **Law Enforcement Certification Law Enforcement Officer (Print Name)** Law Enforcement Officer (Signature)

Law Enforcement Agency and Phone

Please provide a brief description of Identity Theft Incident

Please send or fax this form to:

Department of Justice – ID Theft Passport P.O. Box 200151 Helena, MT 59620-0151

> Fax: (406) 444-5275 Phone: (406) 444-4500

The following MUST be included for review:

-A copy of the police report

-A legible copy of the applicant's drivers license