



**Department of Justice  
Office of Consumer Protection**

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

**Identity Theft Passport Application**

**Personal Information**

<b>Name</b>	_____	_____	_____
	Last	First	Middle
<b>Prior Names or Aliases</b>	_____	_____	_____
	Last	First	Middle
<b>Mailing Address</b>	_____	_____	_____
	Street or PO Box	City	State Zip
<b>Previous Address</b>	_____	_____	_____
	Street or PO Box	City	State Zip
<b>Home phone</b>	( ) _____	<b>Date of Birth</b>	_____
<b>Work phone</b>	( ) _____	<b>Place of Birth</b>	_____
<b>U.S. Citizen (please circle)</b>	Yes No	<b>Gender (please circle)</b>	Female Male
<b>Social Security #</b>	____ - ____ - ____	<b>Drivers License</b>	_____
		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 #** \_\_\_\_\_

**Has the person who stole your information been identified? (please circle)** Yes No

**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	Approximate Amount
		\$
		\$
		\$

Use additional paper if necessary

**Next Page**

**Please provide a brief description of Identity Theft Incident**  
Use additional paper if necessary

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**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 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**