

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**

Name	Lect			Eirci		Middle			
Prior Names or Aliases	Last			First			Middle		
Mailing	Last			First			Middle		
Address									
Previous	Street or PO Box			City			State	Zip	
Address	Street or PO Box			City			State Zip		
Home phone	( )			Date of Birth					
Work phone	( )			Place of Birth					
U.S. Citizen (pl	ease circle)	Yes	No	Gender (please	e circle)	Female		Male	
Social Drivers License									
State * Copy of Drivers License must ** Copy of Drivers License must						must be includ	Number be included		
				nformation					
Date you disco	vered the th	eft							
County & State	where thef	t occurred							
Law enforceme	ent agency c	rime report	ed to						
Case #									
Has the person	who stole y	our inform	ation beer	n identified? (ple	ease circle	e) Yes	\$	No	
If yes, please p	orovide name	e of the sus	pect						
Suspect's Na									
Has the suspect been arrested? (please circle) Yes					No		Unknown		
Type of Theft(credit card, checks/ATM,SSN, etc)				count Numbers			Approximate Amount		
						\$			
						\$			
						\$			



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

## The following <u>MUST</u> be included for review:

-A copy of the police report

-A legible copy of the applicant's drivers license

Fax: (406) 442-2174 Phone: (406) 444-4500