

AFFIDAVIT OF COLORADO DRIVER'S LICENSE OR ID THEFT

Take **(DO NOT MAIL OR FAX)** this completed, notarized form
 with a police report to a driver's license office to apply for a license or ID with a new number (PIN).

VICTIM IDENTIFICATION			
Note: Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.			
FULL LEGAL NAME			
First	Middle	Last	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III
NAME (IF DIFFERENT FROM ABOVE) WHEN THE EVENTS DESCRIBED IN THIS AFFIDAVIT TOOK PLACE			
First	Middle	Last	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III
Date of Birth	Social Security Number	Driver's license or Identification card number (PIN)	
CURRENT ADDRESS			
Address		City	
State	ZIP Code	Beginning date of residence at this address:	
		Month	Year
ADDRESS (IF DIFFERENT FROM ABOVE) WHEN THE EVENTS DESCRIBED IN THIS AFFIDAVIT TOOK PLACE			
Address		City	
State	ZIP Code	Beginning and End date of residence at this address:	
		From: Month	Year
		To: Month	Year
Current Daytime Telephone Number		Current Evening Telephone Number	
HOW THE FRAUD OCCURRED			
Check all that apply for items 1-6:			
<input type="checkbox"/> 1. I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.			
<input type="checkbox"/> 2. I did not receive any benefit, money, goods or services as a result of the events described in this report.			
<input type="checkbox"/> 3. My identification documents (for example, credit cards, birth certificate, driver's license, Social Security card, etc.) were <input type="checkbox"/> stolen <input type="checkbox"/> lost on or about _____ (month/day/year)			
<input type="checkbox"/> 4. To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:			
Name		Address (if known)	
Phone Number(s)		Additional Information	
Name		Address (if known)	
Phone Number(s)		Additional Information	
<input type="checkbox"/> 5. I do not know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.			
<input type="checkbox"/> 6. Additional comments (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)			

_____ (Attach additional pages as necessary.)			

VICTIM'S LAW ENFORCEMENT ACTIONS

- 7. My signature below indicates that I am willing to assist in the prosecution of the person(s) who committed this fraud.
- 8. My signature below authorizes the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the persons who committed this fraud.
- 9. (check all that apply) I have reported the events described in this affidavit to the police or other law enforcement agency. The police did did not write a report. Please complete the following:

Agency Number 1	Officer/Agency personnel taking report	Date of report
Report number, if any	Phone number	E-mail address, if any
Agency Number 2	Officer/Agency personnel taking report	Date of report
Report number, if any	Phone number	E-mail address, if any

Please indicate the supporting documentation you are able to provide. Attach copies (NOT originals) to the affidavit. A copy of the report filed with the police or sheriff's department is attached.

SIGNATURE

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge. I understand that if I give a false statement, my driver's license or identification card may be canceled and denied, in accordance with § 42-2-122, C.R.S. I also understand that if I am convicted of perjury in the first or second degree, the Department shall immediately revoke my driver's license or identification card, in accordance with § 42-2-125, C.R.S.

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

Signature _____ Date signed _____

Subscribed and sworn to before me in the County of _____, State of Colorado,

this _____ day of _____, 2 _____

Notary Public _____ My commission expires _____