

## OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA

## **IDENTITY THEFT PASSPORT REQUEST – VICTIM INFORMATION SHEET**

NA	ME:	LAST				FIRST _	MIDDLE											
MA		-		JDE ZIP):			PHONE DATE (		Номе ( rth:									
 E- <b>N</b>	/IAIL						Sex	:			MALE		FEM	ALE		Race	<u> </u>	
	ото ID						U.S. C	ITIZE	N				YES				No	
DRIVER'S LICENSE NO.  (MUST ATTACH COPY OF VALID VA DRIVER'S LICENSE OR DMV ID)  SOCIAL SECURITY NO.								NON-U.S. CITIZEN/LAWFULLY  YES I PRESENT PLEASE INDICATE YOUR STATUS* (*MUST PROVIDE COPY OF SUPPORTING DOCUMENTATION)									No	
CORRES VA NAI AS A COR (MI NAI HAS	UNTY/CI SIDENT O LOCALIT ME AND A RESUL' PY OF VA UST PRO ME OF C S THE PE ES, HAS	TY AND S  F VIRGIN  Y WITH N  PHONE I  T OF ID T  A POLICE  VIDE COP  OURT TH  RSON WI  THE SUSF	STATE WHIC NUMI THEFT REPO Y OF F IAT IS HO HA	RE OF IDENTITY THE  WHERE THEFT OC  TIME OF INCIDENT  H YOU FILED A POLI  BER OF OFFICER WI  ARE THERE CRIMI  ORT OR EXPUNGEN  POLICE REPORT/INCI  SUED EXPUNGEME  AS STOLEN YOUR IN  BEEN ARRESTED?  THAT SUSPECT:	CURR  ? CE RE HO TO NAL O ENT OENT NT O FORN	ED  EPORT:  DOK YOUR REPORT ON YOUR PROPER ATTACH REPORT OR COURDER/DATE OF MATION BEEN IN	DRT: DUR RECORNIED (IF CRI IET ORDER) ORDER: DENTIFIED NO	RD? MINA /Expi	YES AL CHARGES) UNGEMENT)  YES		□ YES	No		No				
				– MENT (PLEASE CHO														
	CREDITI INCOM FRAUD	IE TAX		SSN MISUSE  CIVIL/CRIMINAL JUDGMENT		DRIVER'S LICENSE INS. COVERA		INE	SSPORT D. DEPT. DRE ACC'TS		STOLE Отнен				MAIL OW)		ATM	
Gıv	'E A BRIE	F DESCRI	PTIOI	N OF THE INCIDENT	(s) o	F YOUR ID THE	FT (PLEAS	100 E	NTINUE ON TI	HE BA	CK OF TH	IS FOF	RM IF N	IECES	SARY):			
INTE CLA By:	SE REPOR ENT TO IN SS 1 MIS SIGNING	T AS TO TI TERFERE, DEMEANC THIS REF	HE CO WITH DR. PORT,	NG: PLEASE KNOW MMISSION OF ANY C THE OPERATIONS OF  I ATTEST THAT TH	RIME I ANY L	TO ANY LAW-ENF AW-ENFORCEME DRMATION PRO	FORCEMENT INT OFFICIA DVIDED AB	OFFI L. VIO	CIAL WITH INT OLATION OF TH	ENT TO	O MISLEAL VISIONS C RATE AN	D, OR ( OF THIS D I AC	II) WITI SECTIO	HOUT N SHA	<i>JUST CA LL BE PU</i> E THAT	USE A INISHA	ND WITH ABLE AS A	
Vic	TIM'S SI	GNATURI	E:					TODAY'S DATE:										
				PLEASE INFORM						_								

**RETURN THIS FORM TO:** OFFICE OF THE ATTORNEY GENERAL

202 N. NINTH STREET RICHMOND, VA 23219