



Consumer Relations
7805 Hudson Rd Suite 100
Woodbury, MN 55125
www.chexsystems.com

* indicates a required field

Chex Systems, Inc. Security Alert Identity Theft Affidavit

Please complete all applicable fields on the form below, making sure to sign and notarize the document prior to submitting it to Chex Systems, Inc.

Personal Details

*Full legal name:

Jane S Peterson
First Middle Last Suffix

When the events described in this affidavit took place, my name was (if different from above):

Jane A Johnson
First Middle Last Suffix

* Date of Birth: 02 03 1975 *U.S. Social Security #: 111 - 11 - 1111
mm dd yyyy

U.S. Driver's License: P111111111111 State of Issuance: MN

Address Details

Current Address:

Line 1: 123 Main Street

Line 2:

*City: Smithville

*State: MN * Zip (Postal code): 55555 -

Lived in the above address since: 03 - 2003
mm yyyy

When the events described in this affidavit took place, my address was (if different from above):

Line 1: 204 Summer Street

Line 2:

*City: Smithville

*State: MN * Zip (Postal code): 55555 -

Lived in the above address: From 05 - 1983 to 03 - 2003
mm yyyy mm yyyy

Daytime Telephone #: 651 - 555 - 1212 Evening Telephone #: 651 - 555 - 1312

Password Question and Answer

* Please select a password question:

- What was the name of your elementary school?
- In what city were you born?
- What was the name of your first pet?
- What was the name of your first boy / girl friend?
- What was the color of your first automobile?

*The answer to the question that I selected above is: Minneapolis

How did the Fraud occur?

Select all that is applicable in the following options:

- 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.
- I did not receive any benefit, money, goods or services as a result of the events described in this report.
- My identification documents (for example: credit cards, birth certificate, driver's license, Social Security card, etc.) were Stolen Lost

Date on which the documents were lost or stolen: 02 - 24 - 2002
mm dd yyyy

- 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 to get money, credit, loans, goods or services without my knowledge or authorization:

Name: <u>Joe Jones</u>	Name: _____
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
City: <u>Bailey</u>	City: _____
State: <u>MN</u>	State: _____
Postal code: <u>55555</u> - _____	Postal code: _____ - _____
Phone #: _____ - _____ - _____	Phone #: _____ - _____ - _____

- I do not know who used my information or identification documents to get money, credit, loans, goods, or services without my knowledge or authorization.

Victim's Law Enforcement Action

Are you willing to assist in the prosecution of person(s) who committed this fraud? Yes No

Do you agree to authorize the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud? Yes No

Have you reported the events described in the affidavit to the police or other law enforcement agency?
 Yes No

Did the police or law enforcement agency write a report? Yes No

In case you have contacted the police or other law enforcement agency, please complete the following:

Agency 1:

Agency Name: Anytown Police Dept

Officer In Charge: Paul Anderson

Date of Report: 03 - 05 - 2002
mm dd yyyy

Report number: 825829

Agency Phone #: 800 - 555 - 1212

e-mail Address: paul.anderson@apd.com

Agency 2:

Agency Name: _____

Officer In Charge: _____

Date of Report: _____ - _____ - _____
mm dd yyyy

Report number: _____

Agency Phone #: _____ - _____ - _____

e-mail Address: _____

Supporting Documents

Select the supporting documentation that you will provide to the companies you plan to notify.

Note: Attach copies (NOT originals) to the affidavit before sending it to the companies.

- Copy of a valid government issued photo-identification card. (Example: Driver's License, State Issued ID card, Passport). **Note:** If you are under 16 and don't have a photo ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
- Proof of residency during the time the disputed bill occurred, the loan was made, or the other event took place. (Example: rental/lease agreement in your name, copy of your utility bill or a copy of an insurance bill).
- Copy of the report you filed with the police or sheriff's department.



Consumer Relations
7805 Hudson Rd Suite 100
Woodbury, MN 55125
www.chexsystems.com

Signature

I declare under penalty of perjury that the information I have provided in the affidavit is true and correct to the best of my knowledge.

(signature)

____ - ____ - ____
(date signed)

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

(Notary)

[Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.]

(signature)

(printed name)

____ - ____ - ____
(date)

____ - ____ - ____
(telephone number)