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CRIME VICTIM ASSISTANCE DIVISION

LUCAS BUILDING, GROUND FLOOR
321 EAST 12TH
DES MOINES, IOWA 50319
PHONE: (515)281-5044
(800)373-5044
FAX: (515)281-8199

APPLICATION FOR IDENTITY THEFT PASSPORT

(Please type or print legibly and fill out both sides)

Victim Information

Name _____
Last _____ First _____ Middle _____

Alias _____
Last _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Birth Date _____ Social Security Number _____

Drivers License Number _____ State _____

Crime Information

Date theft discovered _____ Date theft reported _____

Location of crime _____ Items Stolen _____

Law enforcement agency _____ Case Number _____

Has the person who stole your information been identified? Yes _____ No _____

If yes, suspect's name _____

Has an arrest been made? Yes _____ No _____ I don't know _____

Type of Theft (circle all that apply):

Credit Card SSN Misuse Drivers Lic. Passport Stolen Check ATM

Income Tax Fraud Insurance Information Utility bills Other (describe)

(please turn form over and complete second side)

Synopsis

Please provide a brief description of the theft and any documentation to support the crime. Include what was stolen and any financial accounts affected. Attach an additional sheet if more space is needed.

1. *What is the relationship between the two people in the photograph?*

2. *What is the relationship between the two people in the photograph?*

3. *What is the relationship between the two people in the photograph?*

4. *What is the relationship between the two people in the photograph?*

5. *What is the relationship between the two people in the photograph?*

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7. *What is the relationship between the two people in the photograph?*

8. *What is the relationship between the two people in the photograph?*

9. *What is the relationship between the two people in the photograph?*

10. *What is the relationship between the two people in the photograph?*

The following information or documentation must accompany this application:

1. A color copy of the identity theft victim's current drivers license or state-issued non-operator's ID card; or, if neither is available, provide a current photograph of the victim certified as valid by signature of the law enforcement investigator who received the report of identity theft.
2. Any other documentation to substantiate the crime.

Certification

I hereby certify with my signature below that the information provided on this form is true and accurate to the best of my knowledge and that I have filed a police report of this incident.

Applicant Signature

Date

****This form is not to be reproduced by any individual other than Law Enforcement.****

Please mail this form to:

Iowa Attorney General's Office
Crime Victim Assistance Division
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319

For additional information call:

(515) 281-5044
(800) 373-5044 (toll-free)