

# AFFIDAVIT OF UNAUTHORIZED USE OF AN INDIVIDUAL'S PERSONAL IDENTIFYING INFORMATION OR DOCUMENTS

(Identity Theft)

Wisconsin SS 943.201

STATE OF WISCONSIN

COUNTY OF \_\_\_\_\_:

I am \_\_\_\_\_ and reside at \_\_\_\_\_, in the city of \_\_\_\_\_, state of \_\_\_\_\_, phone number (\_\_\_\_) \_\_\_\_\_, being duly sworn, and under penalty of perjury (ss 946.31) or false swearing (ss 946.32) declare that I was born with the name \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ A.D. I further swear that I was born in the city of \_\_\_\_\_, state of \_\_\_\_\_, and that my birth was registered with the lawful authority to register births in that jurisdiction, being \_\_\_\_\_ (County, Parish, City, etc.) in the state of \_\_\_\_\_. I further swear that the certified certificate of birth presented is the document certifying my birth, and not that of another. I also swear that the name I currently use (if not listed on the birth certificate) is due to marriage to \_\_\_\_\_, or due to a legal change of name authorized by a court in \_\_\_\_\_, State of \_\_\_\_\_, or other reason or means (describe or specify) \_\_\_\_\_, and have used this name since the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ A.D. I further swear that my personal identification and/or documents have been misappropriated in this particular incident in the following manner:

\_\_\_\_\_ and that due to this misappropriation, I have suffered the following harm or loss:

\_\_\_\_\_ I further swear that I did not give any person permission or consent to use my identifying information or documents, including, but not limited to, my name, address, phone number, Department of Transportation unique identifying number, social security number, my place of employment and/or employee identification number, my mother's maiden name, and/or my identifying number of any depository accounts. I further swear that I have received no benefits or proceeds directly or indirectly through this unauthorized use of my identifying information and/or documents. By affixing my signature to this document, I agree to fully cooperate with all federal, state, county or municipal law enforcement agencies, and to appear and testify, as needed, in criminal court, and that failure to cooperate or testify as needed may be grounds for any financial institution to dishonor this affidavit. I also authorize the release of any financial records on my accounts to the investigating law enforcement agency where necessary to further the investigation and that a true copy of this affidavit may be accepted by said institution(s) as a proper release form.

Signed \_\_\_\_\_

NOTARY SEAL HERE	Subscribed and sworn before me this ____ day of _____, 20____  _____ Notary Public Signature Commission expires: _____
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