



Police Department

Edward A. Flynn
Chief of Police

IDENTITY THEFT PACKET

TO WHOM IT MAY CONCERN:

This packet contains the forms necessary for you to file an **UNAUTHORIZED USE OF AN INDIVIDUAL'S PERSONAL IDENTIFYING INFORMATION OR DOCUMENTS (IDENTITY THEFT)** complaint with the Milwaukee Police Department under Wisconsin State Statute 943.201. **Only complaints where the incident occurred within the last six (6) years will be accepted. In addition, you must either be a resident of the city of Milwaukee or the crime must have occurred within the city of Milwaukee to submit this packet.**

Complete this packet only after you have been instructed to do so by a Milwaukee Police officer/investigator. It is important that all forms be complete, accurate and legible. If you are submitting this packet hand written, **either complete the packet online or download and complete (print) a copy of** all information except your signature.

After completing all the forms, the documents must be submitted in person at a district station. Identity theft packets will not be accepted by mail. Affidavits **MUST** be signed and notarized prior to appearing at the district station.

For additional information regarding identity theft or completing this packet, go to www.milwaukee.gov/police, click on the link on the left hand side of the page called "Information and Services" and then click on the Financial Crimes Unit.

NOTE: A **CERTIFIED CERTIFICATE OF BIRTH IS REQUIRED** to be included in this packet as well as any and all original documents, notes, exemplars, letters, video or audio tapes or anything else of an evidentiary nature. Each incident requires that a separate packet be filled out. This packet may be copied as needed. Only one packet will be given to each person.

**REPORTED FOR:
(VICTIM/COMPLAINANT)**

Name: _____ Race: _____ Sex: _____
Last First Middle

D.O.B. _____ Address: _____

City State Zip Code Home Phone Cell Phone
Employed at: _____ Address: _____

City State Zip Code Work Phone
Work I.D. Number (if applicable): _____ Social Security Number: _____

Driver's License Number: _____ State: _____ Expires: _____

Bank Account Numbers (if applicable): _____

Your Maiden Name: _____ Mother's Maiden Name: _____

**REPORTED BY:
(If different than above)**

Reported by: _____ Race: _____ Sex: _____
Last First Middle

D.O.B. _____ Address: _____

City State Zip Code Home Phone Cell Phone
Relationship to victim: _____
Work Phone

**EXACT LOCATION OF OCCURRENCE:
(Where the suspect used your information)**

If store or company:

Name of Business: _____

Address of Business: _____

City State Phone
Name of employee receiving the information, application, order, etc:

Last First Middle Race Sex D.O.B.
Home address of employee: _____

City State Zip Code
Home Phone: _____ Can employee I.D. suspect? No Yes If yes, how: _____

If not a store or company:

Exact location of occurrence: _____
Address City State Zip Code

Type of location: **Circle** Single Family, duplex, apartment, townhouse, condominium

PERSONS INVOLVED

Supply the following information about **everyone** listed on the previous page, including, but not limited to: you – the person filling out the report; **ALL** witnesses; the person who accepted the check; the suspect; any accomplices; the account holder; any other persons having information concerning this offense. Provide all the information you can reasonably obtain and fill in all spaces if at all possible. If this page is not filled out the complaint will **NOT** be accepted.

Name: _____ DOB: _____ Telephone: () _____

Home address, city, state, zip code: _____

Employer: _____ Work telephone: () _____

Work address, city, state, zip code: _____

How involved: owner, teller, cashier, suspect, other _____

Name: _____ DOB: _____ Telephone: () _____

Home address, city, state, zip code: _____

Employer: _____ Work telephone: () _____

Work address, city, state, zip code: _____

How involved: owner, teller, cashier, suspect, other _____

Name: _____ DOB: _____ Telephone: () _____

Home address, city, state, zip code: _____

Employer: _____ Work telephone: () _____

Work address, city, state, zip code: _____

How involved: owner, teller, cashier, suspect, other _____

Name: _____ DOB: _____ Telephone: () _____

Home address, city, state, zip code: _____

Employer: _____ Work telephone: () _____

Work address, city, state, zip code: _____

How involved (owner, teller, cashier, suspect, etc.)? _____

**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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