



Sheriff Chip W. Simmons ESCAMBIA COUNTY SHERIFF'S OFFICE

COURTESY

INTEGRITY

PROFESSIONALISM

ECSCO Case Number _____

Escambia County Sheriff's Office Financial Crimes Packet

Please read entire packet and follow instructions to complete this packet properly. **This packet should **ONLY** be completed if you are a victim of **Identity Theft, Credit/Bank Card Fraud, Forgery, Account Fraud or Other Financial Crime** and have already obtained a police report number from the Escambia County Sheriff's Office and desire prosecution. The requested information will be **REQUIRED** to assist in the assessment and investigation of your case.

Submit this packet only if you desire prosecution. *It is important to understand in the event a suspect is identified and arrested and the case proceeds to court, you as the victim may be required to appear in court and testify.*

*****IMPORTANT*****

Failure to complete this packet in its entirety or failure to provide all of the requested documentation, account or card numbers or personal information may cause this investigation to be placed into an inactive status until the requested information and/or documents are provided.

Retain the first five (5) pages of this packet for your records as it contains information that will assist you with correcting your credit record and disputing the debts fraudulently incurred using your stolen personal identifying information. This packet also has information that will enable you to obtain financial records related to the fraudulent accounts. You will need to provide these records to law enforcement, which will use them to conduct a criminal investigation.

CASE #ECSCO _____ OFF _____

ECSCO Investigator

Work Phone

P.O. Box 18770 · Pensacola, Florida 32523
Office: (850) 436-9916 · Fax: (850) 436-9491
www.escambiaso.com

Step 1: Contact your bank and other credit card issuers.

If the identity theft involved an existing bank account(s), checking, savings, credit or debit card, investment account, mortgage, etc. you should do the following:

- Contact the financial institution and file a fraud report. You must complete a fraud affidavit from the financial institution and provide the Escambia County Sheriff’s Office with a copy of the affidavit.
- Close the account that was used fraudulently or put stop payments on all outstanding checks that might have been written without your knowledge.
- Close all credit card accounts that were used fraudulently.
- Close any account accessible by debit card if it has been accessed fraudulently.
- Open new accounts protected with a password or personal identification number (PIN)

If the identity theft involved the creation of new bank accounts, you should do the following:

- Call the involved financial institution and notify them of the identity theft.
- They will likely require additional notification in writing. (step 4)

Step 2: Contact all three (3) major credit reporting bureaus.

First request the credit bureaus place a “Fraud Alert” on your file. A fraud alert will put a notice on your credit report that you are the victim of identity theft. Merchants and financial institutions may opt to contact you directly before any new credit is taken out in your name.

Some states allow for a Security Freeze in which a PIN can be designated on your credit file and subsequently the PIN must then be given in order for credit to be extended. Ask the credit reporting bureaus if your state is participating in the Security Freeze Program.

www.scamsafe.com – provides useful information related to identity theft and indicates which states participate in the Security Freeze program.

www.annualcreditreport.com – provides one free credit report, per credit bureau agency, per year, with subsequent credit reports available at a nominal fee.

The following is a list of the three (3) major credit-reporting bureaus for victims to report fraud:

Equifax	TransUnion	Experian
Consumer Fraud Division	Fraud Victim Assistance Dept	National Consumer Assist
800-525-6285	800-680-7289	888-397-3742
P.O. Box 740256	P.O. Box 6790	P.O. Box 9530
Atlanta, GA 30374	Fullerton, CA 92834	Allen, TX 75013

Step 3: File a report with the Federal Trade Commission.

- You can go on-line to file an identity theft complaint with the FTC at www.FTC.gov and click on the ID Theft icon or by calling **1-877-IDTHEFT**.
- In the event the identity theft was committed on the Internet, you may file a complaint with the Internet Crime Complaint Center online at www.ic3.gov.

Step 4: Contact creditors involved in the Identity Theft by phone and in writing.

Contact all the companies or institutions where the suspect obtained credit or opened new accounts using your personal identifying information. Complete any Identity Theft Affidavits required by these institutions. Maintain copies of any documents you receive while reporting the identity theft.

Step 5: Submit the Identity Theft Affidavit and copies of all information and records obtained from the creditors with regard to the fraudulent accounts to:

**Escambia County Sheriff's Office
Attn: Economic Crimes Unit
1700 West Leonard Street
Pensacola, Florida 32501**

To avoid confusion and to ensure that all items are forwarded to the Investigator assigned to your case, we request that you submit everything at once and if possible do not send items separately. **Be sure to write your report number on each page/document submitted.** The types of document evidence needed are listed on the next page. The information can be hand delivered or mailed. Please remember that some victims are only interested in the correction of their credit and do not necessarily wish for prosecution. Therefore, we request that you only submit this packet if you desire prosecution and are willing and available to appear and testify in court should a suspect be identified and arrested.

Additional Useful Information & Websites–

Post Office – *If you suspect that your mail has been stolen or diverted with a false change-of-address request, contact your local postal inspector. You can obtain the address and telephone number of the postal inspector for your area at United States Postal Service website: <http://www.usps.com>*

Social Security Administration – *If you suspect that someone is using your social security number to obtain employment, contact the Social Security Administration's fraud hotline at 1-800-269-0271. Order a copy of your Personal Earnings and Benefit Estimate Statement (PEBES) to check the accuracy of your work history on file with the Social Security Administration. You can obtain a PEBES application at your local Social Security office or at <http://www.ssa.gov>*

Internal Revenue Service – *The IRS Office of Special Investigations can be contacted at www.irs.gov to report false tax filings, potential criminal violations of the Internal Revenue Code and related Financial crimes.*

State Department – *If your passport has been stolen, notify the passport office in writing. Additional information can be obtained from the State Departments by calling 877-487-2778 or visiting the State Departments website <http://travel.state.gov/>*

Florida Department of Highway Safety and Motor Vehicles – *If your driver's license or ID card has been stolen or lost, notify the DHSMV at a local office or find contact information at <http://www.flhsmv.gov/>*

Online Check Services–

Chexsystems www.chexsystems.com

TeleCheckServices, Inc. www.telecheck.com

Certegy Check Services, Inc. www.askcertegy.com

If you are contacted by a collection agency – *If a collection agency contacts you about a debt for which you are not responsible, immediately notify them that you did not create the debt and that you are a victim of identity theft. Follow up with the collection agency and creditor in writing and include a copy of your police report, ID Theft Affidavit, a Letter of Dispute and a copy of the FACTA Law.*

Documentation for Prosecution

The victim should obtain the following items of evidence to dispute charges and request all documentation related to the account(s). Without this evidence, we will not be able to begin an investigation. If your existing accounts are being fraudulently accessed, please obtain the following types of Documents:

1. Bank statements or bills showing where the transactions occurred
 - Please circle or underline the fraudulent transactions
 - Using a highlighter may make it impossible to read photocopies
 - Please attempt to obtain a physical address for the fraud transactions from your bank.
2. Bills from companies showing merchandise ordered
 - Addresses where items were delivered
 - All phone numbers that were associated with the order
3. Any information from the creditor that shows how or where the account was used. List the name and/or employee number and phone number of any representative from the business/businesses you deal with.

If only a partial account number is listed on the document, please write the entire number on the copy you send to us.

If new accounts have been opened in your name please obtain the following:

1. Bank statements that you may have received for accounts that are not/were not established by you.
2. Credit reports showing the accounts that are not yours
 - Please circle or underline all accounts that are not yours
 - Using a highlighter may make it impossible to read photocopies
3. Bills from utilities companies for accounts you did not open
4. Letters or documentation from creditors or utilities companies that contain
 - Copies of applications for credit
 - How the account was opened. (in person, over the phone, on Internet)
 - Where the account was opened if done in person
 - Where the account is being used (addresses of transactions)
 - Address where any cards, bills, merchandise or correspondence was mailed.
 - Any phone numbers associated with the fraudulent account
5. The name or employee number and phone number of any representatives from the businesses you deal with.

If only a partial account number is listed on the document, please write the entire number on the copy you send to us.

If someone is using your personal information for employment we will need:

Copies of a Social Security Administration report showing your information being used for employment in Escambia County.

If only your Social Security Number is being used for employment, please provide a stamped social security number verification letter from the Social Security Administration that verifies the social security number in question is assigned to you.

FACTA (Fair and Accurate Credit Transactions Act of 2003) INFORMATION

The Fair and Accurate Credit Transactions Act (15 U.S.C. 1681g), also known as FACTA is an amendment to the Fair Credit Reporting Act, which was signed on December 4, 2003. The purpose of the amendment was to prevent identity theft and improve resolution of consumer disputes. Congress sought to provide victims with easy access to reliable information regarding the steps they should take to deal with identity theft.

FACTA requires business entities that provide credit to comply with certain rules and procedures with respect to reported cases of identity theft. The business entity must supply a copy of the business records that led to the fraudulent transaction(s) within 30 days after receipt of a request from a victim at no charge to the victim. The victim and any authorized federal, state, or local law enforcement agency investigating the identity theft may receive the records.

In order to receive a copy of the business records, the victim must provide the following to the business entity:

1. Proof of Identification (unless the business entity has a “high degree of confidence” in the identity of the victim):
 - a. Government-issued identification card;
 - b. Personal identifying information similar to what was provided to the business entity by the unauthorized person; and
 - c. Information the business entity typically requires from new applicants.
2. Proof of a Claim of Identity Theft;
 - a. A copy of a police report evidencing the claim;
 - b. A copy of a standardized affidavit of identity theft developed and made available by the FTC; or
 - c. An affidavit of fact acceptable by the entity for that purpose.
3. The request of the victim shall be in writing, mailed to the address specified by the entity, and include all information related to transactions that resulted in identity theft, if known by the victim including date or account or transaction number.
4. The business entity may decline to provide the information if it determines in good faith that:
 - a. It does not have a high degree of confidence in knowing the true identity of the individual requesting the information;
 - b. The disclosure of information is not required;
 - c. The request for the information is based on a misrepresentation of fact by the individual requesting the information; or
 - d. The information is “internet navigational data” about a visit to a website.

For full description of FACTA please visit the following website:

<https://www.gpo.gov/fdsys/pkg/PLAW-108publ159/pdf/PLAW-108publ159.pdf>

**PLEASE RETAIN THE FIRST 5 PAGES OF THIS
PACKET FOR YOUR RECORDS.**

Escambia County Sheriff's Office Financial Crimes Packet

1. My full legal name is _____

2. When the events described in this affidavit took place, I was known as (If different from above)

(First) _____ (Middle) _____ (Last) _____ (Jr., Sr., III) _____

3. My date of birth is (day/month/year) _____

4. My driver's license and/or Social Security number are _____

5. My current address is _____

6. I have lived at this address since (month/year) _____

7. When the events described in this affidavit took place, my address was (If different from above)

8. I lived at the address in Item 7 from _____ (month/year) until _____ (month/year)

9. My daytime/evening telephone number is _____

10. Please initial each of the following if true:

10a. _____ I did not authorize anyone to use my name or personal information to receive the money, credit, loans or goods or services described in this report.

10b. _____ I did not receive any benefit, money, goods or services as a result of the events described in this report.

11. My identification/documents (example: Driver's License, Credit/Debit card, Check Book), were

lost _____ or stolen _____ on or about the date of _____ and reported under case # _____

12. To the best of my knowledge and belief, the following person(s) is/are responsible and used my identification or existing account numbers to gain employment, money, credit, or goods or services without my knowledge or authorization.

12a. Name _____

12b. Address _____

12c. Phone number(s) _____

12d. Additional information _____

13. _____ Check if applicable: I do not know who used my personal information or account information.

14. Describe the crime which occurred to include the date, time, description of accounts or information that was compromised and accurate locations where the crimes occurred:

15. Please list any additional information which you believe is relevant to this investigation or to the identity of the suspect(s):

(Attach additional pages if necessary)

16. Please list all of the following account information to include the complete account or card number is applicable which have been compromised during this crime.

*****IMPORTANT***** If the account or card number is only partial and incomplete, this investigation will **NOT** be assigned for follow up as this information is necessary to obtain needed information.

Bank/Store: _____ Account#: _____ Check/Credit/Debit Card#: _____

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Bank/Store: _____ Account#: _____ Check/Credit/Debit Card#: _____

17. Please initial all of the following statements if true and accurate:

17a. _____ I am willing to assist in the prosecution process which may include testifying in court before a judge and jury.

17b. _____ I am willing to obtain all of the documents and information requested by the investigator at a later date.

17c. _____ I understand these types of investigations are typically lengthy, and may require multiple meetings and court processes which may interfere with my daily schedule or calendar.

17d. _____ I authorize the release of financial and or personal information from my financial institution to this law enforcement entity solely for the purpose of assisting them in the investigation and prosecution of this crime.

18. Please list all other police departments and their report number(s) you have contacted in regards to this crime.

Agency: _____ Report Number: _____

Agency: _____ Report Number: _____

Agency: _____ Report Number: _____

Agency: _____ Report Number: _____

Agency: _____ Report Number: _____

19. Please attach all supporting documents, such as statements, forms, applications, or correspondences which support this crime.

List documents and explain:

(Attach additional pages if necessary)

Additional information requested/provided by law enforcement:
(To be completed by the assigned Investigator)

I certify that, to the best of my knowledge and belief, all of the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as deemed appropriate. I understand that knowingly making any false or fraudulent statement or representation to a law enforcement agency may constitute a violation of F.S.S. 837.05 or other federal, state or local criminal statutes, and may result a fine or imprisonment, or both.

Signature

Date

Case Number

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