



Fraud/ID Theft Handling Packet

Name:
Address:
City/State/Zip:

Date:

JH DataID#:
Original Account #:
Creditor:

We acknowledge your dispute and claim of Fraud/ID theft with respect to the above account. We are requesting the additional information provided for in this packet to assist us in our investigation. Please return this form with the information/documents requested within ten (10) days from the date received.

This affidavit has two parts:

- Part 1-the ID Theft Affidavit-This is where you report general information about yourself and the theft.
- Part 2-the Fraudulent Account Statement-This is where you describe the fraudulent account(s) opened in your name.

Be as accurate and complete as possible. Please note incomplete information will slow the process of investigating your claim. Print clearly.

You may find more information regarding this Fraud/ID theft packet from the Federal Trade Commission Website:
<http://www.ftc.gov/bcp/edu/resources/forms/affidavits.pdf>

Please return this form, along with the attached Fraud/ID Theft Victims' Complaint and Affidavit, within ten (10) days from the date received to the address below.

JH Capital Group
Attn: Compliance Department
5757 Phantom Drive
Suite 225
Hazelwood, MO 63042

Thank you for your cooperation in this matter.

JH Capital Group
Compliance Investigation Department

Fraud/ID Theft Victims' Complaint and Affidavit

About You (*the victim*)

Now

(1) My full legal name: _____
First Middle Last Suffix

(2) My date of birth: _____
mm/dd/yyyy

(3) My Social Security number: _____ - _____ - _____

(4) My driver's license: _____
State Number

(5) My current street address:

Number & Street Name Apartment, Suite, etc.

City State Zip Code Country

(6) I have lived at this address since _____
mm/yyyy

(7) My daytime phone: (____) _____
My evening phone: (____) _____
My email: _____

At the Time of the Fraud

(8) My full legal name was: _____
First Middle Last Suffix

(9) My address was: _____
Number & Street Name Apartment, Suite, etc.

City State Zip Code Country

(10) My daytime phone: (____) _____
My evening phone: (____) _____
My email: _____

Skip (8) -
(10)
if your
information
has not
changed
since the
fraud.

About the Fraud

What & When

(11) My personal information or documents _____
(for example, credit cards, birth certificate, driver's license, Social Security card, etc.)
were (please circle one) *lost or stolen* on or about _____.
mm/dd/yyyy

(12) I ***discovered*** that my personal information had been *used* by someone else on
or about _____.
mm/dd/yyyy

(13) I did OR did not authorize anyone to use my name or personal
information to obtain money, credit, loans, goods, or services — or for any
other purpose — as described in this report.

(14) I did OR did not receive any money, goods, services, or other
benefit as a result of the events described in this report.

Describe your fraud claim in detail:

Who

(15) I believe the following person(s) used my information or identification
documents to open new accounts, use my existing accounts, or commit other
fraud.

(A) Name: _____
First Middle Last Suffix

Address: _____
Number & Street Name Apartment, Suite, etc.

(12):
Let us know
the date you
noticed – this
may be some
time after the
thief began to
use it.

(15):
Enter what
you know
(even if you
can't
complete
everything)
about anyone
you believe
was involved.

Additional information about this person: (Relationship, Employer, Work Phone, etc)

(B) Name: _____
 First Middle Last Suffix

Address: _____
 Number & Street Name Apartment, Suite, etc.

 City State Zip Code Country

Phone Numbers: (____) _____ (____) _____

Additional information about this person: (Relationship, Employer, Work Phone, etc)

(16) I am OR am not willing to press charges and/or work with law enforcement if charges are brought against the person(s) who committed the fraud.

(17) Additional information (for example, how the identity thief gained access to your information or which documents or information were used):

About the Information or Accounts

(18) I wish to dispute the following personal information (such as my name, address, Social Security number, or date of birth) in my credit report as inaccurate as a result of this identity theft:

- (A) _____
- (B) _____
- (C) _____

(19) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company Name: _____

Company Name: _____

Company Name: _____

(20) Below are details about the different frauds committed using my personal information.

Name of Institution	Contact Person	Phone Extension
Account Number	Routing Number	Affected check number(s)
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other		
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.		
Date Opened or Misused (mm/yyyy)		Total Amount Obtained (\$)
Name of Institution	Contact Person	Phone Extension
Account Number	Routing Number	Affected check number(s)
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other		
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.		
Date Opened or Misused (mm/yyyy)		Total Amount Obtained (\$)
Name of Institution	Contact Person	Phone Extension
Account Number	Routing Number	Affected check number(s)
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other		
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.		
Date Opened or Misused (mm/yyyy)		Total Amount Obtained (\$)

Documentation

(21) I can verify my identity with these documents:

- A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport). *If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.*

- Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).

Signature

If possible, sign and date *IN THE PRESENCE OF* a law enforcement officer.

(22) I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains will be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

Signature

Date Signed (mm/dd/yyyy)

Your Law Enforcement Report

(23) Select ONE:

- I was unable to file any law enforcement report.
- I filed an automated report with the law enforcement agency listed below.
- I filed my report in person with the law enforcement officer and agency listed below.

Law Enforcement Department

State

Report Number Filing

Date (mm/dd/yyyy)

Officer's Name (please print)

Officer's Signature

Badge Number

Phone Number

Did the victim receive a copy of the report from the law enforcement officer? Yes OR No

Victim's FTC complaint number (if available): _____

REMINDER: Attach copies of your identity documentation when sending your report to creditors and credit reporting agencies.

Fraudulent Account Statement

Completing this Statement

- Make as many copies of this page as you need. **Complete a separate page for each company you're notifying and only send it to that company.** Include a copy of your signed affidavit.
- List only the account(s) you're disputing with the company receiving this form. See the Example below.
- If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (**NOT** the original).

I declare (Check all that apply):

As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor Name / Address (the company that opened the account or provided the goods or services)	Account Number	Type of unauthorized credit/goods/services provided by creditor (if known)	Date Issued or Opened (If known)	Amount/Value provided (the amount charged or the cost of the goods/services)
Example Example National Bank 22 Main Street Columbus, Ohio 2272	01234567-89	Auto Loan	01-05-2008	\$25,500.00

During the time of the accounts described above, I had the following account open with your company:

Billing name: _____
 Billing address: _____
 Account Number: _____

Signature Verification

Please sign below three (3) times.
