

RON FREITAS

District Attorney, San Joaquin County PROTECTING OUR COMMUNITY SINCE 1850

Identity Theft Victim's Questionnaire

Case Number (Listed on the letter you received):							
Defendant name(s):							
Victim's name:		,	Celephone number:				
Home Address:							
Mailing Address:							
This form is also available on the San Joaquin County District Attorney website on our <u>Identity Theft Prevention</u> site.							
Do you know the defendant(s) listed in your letter?			YES	NO			
Were you aware that you are the victim of Identity or Financial theft?			YES	NO			
Did you give the defendant(s) permission to possess your personal identifying or financial information?			YES	NO			
Did you give the defendant(s) permission to use your personal identifying or financial information?			YES	NO			
If yes, did you make a police report and if so, what is the name of the police agency, date of report, and report number?			YES	NO			
Agency name:							
Date of report:		Report number:					
Have you or your family had a financial loss due to the identity theft?			YES	NO			
If yes, please explain:							

How has this share.	crime of identity theft affected you	? Please provide details	that you wo	uld like to
I hereby certi <u>f</u>	fy that the above statements are t	true and correct to the b	est of my kı	nowledge.
Print Name:				
Signature:			Date:	
this investigati	for any inconvenience this has caus ion. Should you have any question estigation Unit on the message line	s, please contact the San	Joaquin Cou	nty District
Sincerely,				
SAN JOAOUIN D.A	A. OFFICE PERSONNEL ONLY			

Confirmed Statement by Investigator:

Date:

Date Received: