



**Cuming County Sheriff's Office**  
**200 South Lincoln, Rm. 203**  
**West Point, NE 68788**

## **IDENTITY THEFT COMPLAINT PACKET**

Please complete the questions as thoroughly as possible in order for us to help you resolve the situation. After you fill out the ID Theft Complaint, return it to the Department of Motor Vehicles. **MAKE SURE TO KEEP A COPY OF EVERYTHING FOR YOUR RECORDS.** Please include, if available, copies of the following: State issued driver license or identification card, social security card, birth certificate, color photo of yourself, and any other proof of identity.

These documents should be sent to:

**Cuming County Sheriff's Office**  
**200 South Lincoln St., Rm. 203**  
**West Point, NE. 68788**

If your financial accounts or credit history have been compromised, please contact the Consumer Response Center at the Federal Trade Commission, 600 Pennsylvania Ave, NW, Washington, D.C. 20580, toll free 1-877-438-4338 or online <http://www.consumer.gov/idtheft>.

Once the packet has been returned, the Cuming County Sheriff's Office will assign a case number and open a complaint file. You may be asked for additional information. This may also result in close scrutiny of your identification.

If you have questions on filling out the complaint, please contact the Cuming County Sheriff's Office at 402-372-6019.



(1) My full legal name is \_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., II)

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

\_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., II)

(3) My date of birth is \_\_\_\_\_

(4) My social security number is \_\_\_\_\_

(5) My driver's license or identification card state and number are \_\_\_\_\_

(6) My current address is \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(7) I have lived at this address since \_\_\_\_\_  
(month/year)

(8) (If different from above) When the events described in this complaint took place my address was \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(9) I lived at the address in #8 from \_\_\_\_\_ until \_\_\_\_\_  
(month/year) (month/year)

(10) My daytime telephone number including area code is \_\_\_\_\_

My evening telephone number including area code is \_\_\_\_\_

(11) Did you receive any benefit, money, goods or services as a result of the events described in this report? \_\_\_\_\_

If you answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Page 3

(12) Did you ever authorize anyone to use your name or personal information or have you ever loaned your driver's license to another person? (circle one) Yes No

If you answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(13) To the best of my knowledge and belief, the following person(s) used my information (for example: my name, address, date of birth, social security number, mother's maiden name, etc) without my authorization: -

_____ Name	_____ Name
_____ Address (if known)	_____ Address (if known)
_____ Phone number (if known)	_____ Phone number (if known)
_____ Additional information	_____ Additional information
_____	_____
_____	_____

(14) If I know the person who had used my identification, I am willing to assist in the prosecution (circle one). Yes No

(15) I will authorize the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud (circle one). Yes No

(16) My identification documents were lost or stolen on or about \_\_\_\_\_  
(day/month/year)

(17) I am unaware of who used my identification or how it was obtained (circle one).

Yes No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Page 4

(18) I contacted my law enforcement agency and filled out a report (circle one).

Yes                      No

Please complete the following to the best of your ability:

Name of law enforcement agency: \_\_\_\_\_

Officer who took the report, if known: \_\_\_\_\_

Date the report was made: \_\_\_\_\_

Report Number: \_\_\_\_\_

Address and phone number of law enforcement agency if the agency is **NOT** located in Nebraska: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were unable to file a report or obtain a report number from a law enforcement agency, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare that the information I have provided in this complaint is true and correct to the best of my knowledge. ***(Knowingly submitting false information in this complaint could subject you to criminal prosecution.)***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**WITNESS:**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(telephone number)