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Department of Justice

CRIME VICTIM ASSISTANCE DIVISION APPLICATION FOR IDENTITY THEFT PASSPORT

(Please type or print legibly and fill out both sides)

Victim Information

Name _____
Last First Middle

Alias _____
Last First Middle

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Birth Date _____ Social Security Number _____

Drivers License Number _____ State _____

Crime Information

Date theft discovered _____ Date theft reported _____

Location of crime _____ Items Stolen _____

Law enforcement agency _____ Case Number _____

Has the person who stole your information been identified? Yes _____ No _____

If yes, suspect's name _____

Has an arrest been made? Yes _____ No _____ I don't know _____

Type of Theft (circle all that apply):

Credit Card *SSN Misuse* *Drivers Lic.* *Passport* *Stolen Check* *ATM*

Income Tax Fraud *Insurance Information* *Utility bills* *Other (describe)*

(please turn form over and complete second side)

