



*City of* **Hanford**  
**Police Department**

Case # \_\_\_\_\_

Officer Name: \_\_\_\_\_ ID# \_\_\_\_\_

**IDENTITY THEFT INFORMATION FORM**

*Please fill out this form and return it to the Hanford Police Department as soon as possible. This form should be mailed to 425 N. Irwin Street, Hanford CA 93230, or dropped off between the hours of 8:00AM and 5:00 PM Monday thru Friday. The information you provide will be used to understand what occurred, organize the investigative case, determine where evidence might be found, and determine what financial institutions should be contacted in the course of the investigation. PLEASE TYPE OR PRINT.*

Date this form was filled out: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number and State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Suspect Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Relationship to Suspect: \_\_\_\_\_

## **ADDITIONAL LAW ENFORCEMENT ACTION**

**Please circle that which applies:**

**I am / am not** willing to assist in the prosecution of the person(s) who committed this crime.

**I am / am not** authorizing the release of any information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this crime.

**I have / have not** reported the events described in this form to other law enforcement agencies.

The other law enforcement agency **did/ did not** write a report.

*In the event you have contacted another law enforcement agency, please complete the following.*

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**(Agency #1)** **(Officer/Investigator Name)**

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**(Date of report)** **(Report Number)**

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**(Agency Phone Number)** **(Agency Address)**

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**(Agency #2)** **(Officer/Investigator Name)**

---

**(Date of report)** **(Report Number)**

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**(Agency Phone Number)** **(Agency Address)**

---

**(Agency #3)** **(Officer/Investigator Name)**

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**(Date of report)** **(Report Number)**

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**(Agency Phone Number)** **(Agency Address)**

NOTE: You **MUST** attach copies of **ALL** pertinent documents to this report (i.e. bank statements, credit card statements, credit reports, etc.)

1.) How did you first become aware you were the victim of identity theft? \_\_\_\_\_  
\_\_\_\_\_

2.) What date did you first become aware of the crime(s)? \_\_\_\_\_

3.) When did the fraudulent activity begin? \_\_\_\_\_

4.) What is the full name, address, date of birth, and any other identifying information that the fraudulent activity was made. \_\_\_\_\_

5.) Please list all fraudulent activity that you are aware of to date, with the locations and addresses of where fraudulent application or purchases were made (retailers, banks, etc.). List in chronological order, if possible. Please be concise and state only the facts. \_\_\_\_\_



*City of* **Hanford**  
**Police Department**

**Identity Theft Victims**  
**Fraudulent Account Information Request**  
Made Pursuant to California Penal Code 530.8

To: \_\_\_\_\_

Account #: \_\_\_\_\_

Reference #: \_\_\_\_\_

I have been a victim of identity theft as defined in California Penal Code section 530.5, and am informed and believe the applications have been filed and/or accounts opened, with the above entity in my name and using my personal information, without authorization by me or anyone authorized to act on my behalf. I have filed a report with the Hanford Police Department and a copy of the police report is attached to this request. Pursuant to California Penal Code section 530.8, I am hereby requesting the above entity to provide me and the law enforcement officer designated below, free of charge, copies of all applications filed and accounts opened in my name, including but not limited to the records of all the above account number(s). My personal information is set forth below.

Victim's name: \_\_\_\_\_ CDL#: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Victims Address: \_\_\_\_\_

Police Officer: \_\_\_\_\_ ID#: \_\_\_\_\_ Case #: \_\_\_\_\_

Mailing Address: 425 N. Irwin Street, Hanford, CA 93230

Phone: (559) 585-2540 FAX : ( 559) 585-4792

Please provide all records associated with the account, including but not limited to application forms and full application information, statements, charge slips, telephone and fax numbers, e-mail and delivery addresses, IP addresses, and printout of records contained in computer databases to the law enforcement Officer assigned above. I understand that I have the right to revoke this authorization at anytime. Unless revoked in writing this authorization is valid for 3 years.

Dated: \_\_\_\_\_ Signature of Victim: \_\_\_\_\_

Please send all requested records within (10) days to the designated Police Officer at the above mailing address, with the attached declaration (affidavit) signed by an authorized representative of your company. Any questions should be directed to the designated Police Officer at the above number.

**NOTE: California Law requires the release of this information in 10 days. Failure to comply with this request may result in action by the District Attorney to compel disclosure in person to the court and/or result in civil penalties for damages incurred by victim due to noncompliance. (Penal Code Section 530.8 (d)(1))**