



IDENTITY THEFT INTAKE FORM

Please complete this form to the best of your ability if you have reason to believe you are an identity theft victim. If you are not a victim but would like identity theft information, please contact us at the number above or visit our website.

Tell Us About Yourself: Mr. Mrs. Ms.

Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code _____ Daytime Telephone Number: () _____

Age Range: 18-25 26-35 36-45 46-55 56-65 66-75 76+

Preferred Method of Contact: Mail Telephone E-mail : _____

Identity Theft Background Questions

How did you learn you were a victim of identity theft? Credit Report Collection Notice IRS Letter
 Bank Notice Other: _____

Have you received a Security Breach notice? Yes No
 If so, please list the name of the company(ies): _____

What personal information was included in the breach (e.g. SSN, bank account number, etc.)? Please list:

Credit Report Information

Have you reviewed your credit report(s) within the last year? Yes No

If yes, which credit reports did you review?
 TransUnion Date: _____ Equifax Date: _____ Experian Date: _____

Have you placed a Fraud Alert on your credit report(s) within the last 90 days? Yes No

Which agency did you contact to place the Fraud Alert? TransUnion Equifax Experian

Have you placed a Security Freeze on your credit report(s)? Yes No

Which agency(ies) did you contact to place your Security Freeze?
 TransUnion Date: _____ Equifax Date: _____ Experian Date: _____

What Type of Identity Theft Occurred? *Check all that apply.*

Financial – Please answer questions in **Section 1**

Medical – Please answer questions in **Section 4**

Tax – Please answer questions in **Section 2**

Criminal – Please answer questions in **Section 5**

Benefits – Please answer questions in **Section 3**

Other – Please answer questions in **Section 6**

Section 1 – Financial Theft

1. **Were any of your debit or ATM cards used?** Yes No

If yes, have you notified the financial institution(s) that issued the card(s)? Yes No

2. **Were any of your credit cards used?** Yes No

If yes, have you notified the credit card company(ies)? Yes No

3. **Were any NEW credit cards opened using your information?** Yes No Unknown

4. **Have your checks been lost or stolen?** Yes No

If yes, have the checks been used by someone other than yourself? Yes No

5. **Have any NEW checking accounts been opened using your information?** Yes No Unknown

6. **Were any checks written using your information but with an account and/or routing number other than your own?** Yes No Unknown

7. **Have you been denied a loan or credit as the result of identity theft or incorrect information listed on your credit report?** Yes No

8. **Have any personal, car or home loans been taken out using your information without authorization from you?** Yes No Unknown

9. **Have any student loans that you did not apply for been opened using your information?**

Yes No Unknown

10. **Have any funds from your existing student loans been directed to an account other than your own?**

Yes No

11. **Has a new cellular phone account been opened using your information?**

Yes No Unknown

12. **Has anyone opened a cable, satellite, electricity, gas, phone or other utility account using your information?** Yes No Unknown

13. **Have you noticed any fraudulent use of your existing internet based accounts?** *Check any that apply:*

Payment Accounts (e.g. PayPal, etc.) E-mail Accounts Social Networking Sites

14. **Have you contacted any bank(s) and/or company(ies) of the affected account(s) you checked above?**

Yes No

If yes, please list the name(s) and date(s) contacted: _____

Section 2 – Tax Theft

15. Were you notified of an identity theft related issue by the IRS? Yes No

16. Did the IRS withhold all or part of your refund? Yes No

If yes, for what reason (e.g. refund offset, balance due, etc.)? Please list: _____

17. Has the IRS notified you that more than one tax return was filed with your information? Yes No

18. Have you contacted the IRS? Yes No Date: _____

Section 3 – Benefits Theft

19. Were you denied any of the following benefits? *Check any that apply.*

Medicare Disability Welfare/Social Service Social Security Unemployment

If yes, for what reason? Already Receiving Benefits Not Eligible (e.g. exceed income, did not meet requirements, etc.) Other Reason: _____

Have you contacted the benefits agency(ies)? Yes No

If yes, please list the name(s) of the agency(ies) and date(s) contacted: _____

Section 4 – Medical Care Theft

20. Have you received a bill for any medical services you did not receive? Yes No

21. Have you received an explanation of benefits (EOB) from your insurance company for an office visit, medical treatment, or medication that you did not receive? Yes No

22. Have you received information from a health insurance company for a policy you did not sign up for? Yes No

23. Have you contacted the company/health care provider? Yes No

If yes, please list the name(s) of the company and date(s) contacted: _____

Section 5 – Criminal ID Theft

24. Are there any warrants in your name for crimes you did not commit? Yes No Unknown

If yes, have you contacted a court clerk or law enforcement agency to find out what the warrant is for and where it originated? Yes No

If yes, please list the name(s) of the agency(ies) and date(s) contacted: _____

Section 6 – Other Forms of Identity Theft

25. Has your application to rent an apartment or house been refused due to identity theft or incorrect information on your credit report? Yes No

26. Does an inquiry from a landlord or rental company that you do not recognize appear on your credit report? Yes No

27. Has someone used your information to get a job? Yes No Unknown

28. Have you requested an earnings statement and/or benefits estimate from the Social Security Administration? Yes No

Additional Information

29. Have you been affected by any issues related to identity theft not listed above? Yes No

If yes, list briefly. Please include any name(s)/ date(s) of company(ies) of contacted:

READ THE FOLLOWING BEFORE SUBMITTING YOUR IDENTITY THEFT INTAKE FORM

I understand that the South Carolina Department of Consumer Affairs is not able to provide me with legal representation. I also understand that I may contact a private attorney with questions about my legal rights or responsibilities.

THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT MAY REQUIRE THE DEPARTMENT OF CONSUMER AFFAIRS TO RELEASE A COPY OF YOUR IDENTITY THEFT INTAKE FORM AS A MATTER OF PUBLIC RECORD.

Signature: _____ Date: _____

What Happens Now?

Information provided in this form helps the Department to guide you through the steps to remedy your specific case of identity theft. Once your form has been received by the Identity Theft Unit, you will be contacted by a representative.

Information you provide may be used to establish violations of state and federal law and may be shared with other government law enforcement or regulatory agencies. Any statistical information taken from this form (e.g. age range, city, type of identity theft, etc.) may be entered anonymously into a database to be used to educate the public about identity theft and prevalent scams.

Did You Know...

You can request a **FREE** copy of your credit reports annually from each of the three Credit Reporting Agencies by calling 877-322-8228 or visiting www.annualcreditreport.com.

Review all three credit reports closely for any information you do not recognize or that may be a result of identity theft.

Equifax - 800-525-6285

Experian - 888-397-3742

Transunion - 800-680-7289

For more information on Identity Theft, visit us on the web at www.consumer.sc.gov and click on "Identity Theft Resources."

SEND A COPY OF THIS COMPLETED FORM TO...

By Mail:

Identity Theft Unit
SC Department of Consumer Affairs
P.O. Box 5757
Columbia, SC 29250-5757

By E-Mail:

SCDCA@scconsumer.gov
With the subject line:
"ID Theft Intake Form"