

## Affidavit of Colorado Driver's License or ID Theft

Take **(Do Not Mail or Fax)** this completed, notarized form with a police report to a driver's license office to apply for a license or ID with a new number Personal Identification Number (PIN). Note: Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

### Victim Identification

---

#### Full Legal Name

First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_ Jr. Sr. III

#### Name (If Different From Above) When the Events Described in this Affidavit Took Place

First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_ Jr. Sr. III

Date of Birth (MM/DD/YY)      Social Security Number      Driver's License or Identification Card Number (PIN)

#### Current Address

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Beginning Date at this Residence (MM/YY)      Ending Date at this Residence (MM/YY)

#### Address (If Different From Above) When the Events Described in this Affidavit Took Place

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Beginning Date at this Residence (MM/YY):      Ending Date at this Residence (MM/YY)

Current Daytime Telephone Number      Current Evening Telephone Number

## How The Fraud Occurred

---

### Check all that apply for items 1 - 6:

1. I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.
2. I did not receive any benefit, money, goods or services as a result of the events described in this report.
3. My identification documents (for example, credit cards, birth certificate, driver's license, Social Security card, etc.) were:

Lost      Date On or About Missing (MM/DD/YY)

Stolen

4. To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

Name

Address (if known)

Phone Number(s)      Additional Information

Name

Address (if known)

Phone Number(s)      Additional Information

5. I **do not** know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.
6. Additional comments. (For example, description of the fraud, which documents or information were used, or how the identity thief gained access to your information.) Attach additional pages if necessary.

**Victim's Law Enforcement Actions**

---

- 7. My signature below indicates that I am willing to assist in the prosecution of the person(s) who committed this fraud.
- 8. My signature below authorizes the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the persons who committed this fraud.
- 9. I have reported the events described in this affidavit to the police or other law enforcement agency. Did the police write a report?..... Yes      No

Please complete the following:

Agency Number 1                      Officer/Agency Personnel Taking Report                      Date of Report

Report Number, If Any      Phone Number                      Email Address, If Any

Agency Number 2                      Officer/Agency Personnel Taking Report                      Date of Report

Report Number, If Any      Phone Number                      Email Address, If Any

**Please indicate the supporting documentation you are able to provide. Attach copies (Not originals) to the affidavit. A copy of the report filed with the police or sheriff's department is attached.**

**Signature**

---

**I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge. I understand that if I give a false statement, my driver's license or identification card may be canceled and denied, in accordance with § 42-2-122, C.R.S. I also understand that if I am convicted of perjury in the first or second degree, the Department shall immediately revoke my driver's license or identification card, in accordance with § 42-2-125, C.R.S.**

**Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.**

Signature

Date (MM/DD/YY)

**Notary Seal**

---

Subscribed and affirmed, or sworn to before me in the

County of

State of

this day of , 20

Notary Signature

Commission Expiration Date