



THOMAS J. MILLER  
ATTORNEY GENERAL  
MARTI ANDERSON  
DIVISION DIRECTOR

**Department of Justice**  
CRIME VICTIM ASSISTANCE DIVISION

LUCAS BUILDING, GROUND FLOOR  
321 EAST 12TH  
DES MOINES, IOWA 50319  
PHONE: (515)281-5044  
(800)373-5044  
FAX: (515)281-8199

**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)**

