



HAROLD F. PRYOR
STATE ATTORNEY

IDENTITY THEFT UNIT COVER SHEET

Identity Theft and Errors can cause serious problems for victims of Identity Theft.
This can even include being falsely placed in jail.

"I was not arrested or cited for a criminal traffic misdemeanor or felony charge, why is this on my record?"

"Why is there a traffic warrant out for my arrest? I haven't even been pulled over in a decade."

If these are some questions you find yourself asking, please complete the below affidavit and contact us.

*Effective July 1, 1999, the unlawful use of a false name or identity under F.S. 901.36 is a **crime**.*

If you are experiencing adverse consequences as a result of your identity being compromised, we may be able to help.

Contact Tania Mora at

954-831-8426 or identitytheft@browardsao.com for information or for case status.

Last Name

First Name

Middle Name

E-Mail Address:

Case Number(s):

Separated by semicolon (;)

Date Presented (Today's Date):

PROCEDURES

These affidavits pertain to scenarios in which a person who is arrested or issued a citation by a Law Enforcement Officer gives false information (i.e. name, date of birth, address and/or social security number).

Please complete the attached **AFFIDAVITS** with as much information as you can provide.

PERJURY is a crime for which you can be prosecuted. Check to ensure that the information provided is accurate. Verify that the information you are providing matches the information on the citations and/or arrest report.

You may wish to contact this office within a few days to check the status of this case. Telephone numbers are provided on the cover sheet of this packet.

IMPORTANT: IF A WARRANT HAS BEEN ISSUED IN YOUR NAME FOR A MISDEMEANOR/ TRAFFIC CHARGE, YOU MAY CONFER WITH THE CLERK OF THE COURT TO COMPLETE A REQUEST TO HAVE THE WARRANT WITHDRAWN.

Once the investigation is completed and it has been determined that the case does not involve you, the **Court** will order the Capias and D/6 suspensions be withdrawn and classified as "issued in error."

HAROLD F. PRYOR,
State Attorney

AFFIDAVIT

[AFFIDAVIT REGARDING ANOTHER PERSON GIVING FALSE INFORMATION / NAME/ D.O.B.
TO LAW ENFORCEMENT WHEN ARRESTED AND/ OR CITED]

[The statements given in this affidavit will be sworn to. The statements are in connection with a case involving an imposter who has given your name and identification data to a law enforcement officer when arrested or cited.]

This affidavit is being made on _____ at approximately _____ a.m./p.m., in Broward County, Florida, at:

- ___ West Satellite State Attorneys Office, 100 N. Pine Island Rd, Plantation, FL;
- ___ North Satellite State Attorney's Office, 1600 W. Hillsboro Blvd., Deerfield Beach, FL;
- ___ South Satellite State Attorney's Office, 3550 Hollywood Blvd., Hollywood, FL;
- ___ Central Courthouse - State Attorney's Office, 201 SE 6th Street, Fort Lauderdale, FL .

[Please answer all of these questions or indicate not applicable (N/A)]

Personally appears the affiant, under oath, who swears or affirms, deposes and says that affiant was not arrested and/or cited and the facts contained herein are true:

COURT CASE
NUMBER:

JUDGE:

DOA:

CITATION(S) #:

BOOKING/ARREST(S) #:

Name:

DOB:

Address:

City/State/Zip:

Home Phone #:

Cell Phone #:

Social Security #:

Driver's License #:

Place of Birth:

Height:

Weight:

Scars/Tattoos:

Employer:

Phone Number:

List of vehicles I've driven:

My last ticket issue date and charge(s):

My last arrest date and charge(s):

Were you arrested on a warrant or due to a suspension of your license?:

Driver's license suspended due to this case?

Has this happened before?

Was your license stolen or lost? When and where?

Did you report this theft/loss to the police?

Did the imposter admit to using your name?

Did you give permission to anyone to use your name, date of birth and/or license?

Were you presented with a booking photo by the State? Please identify the person if you can. In detail, please explain how you became aware of the arrest/citation:

**IMPOSTER'S INFORMATION
(INFORMATION ABOUT THE PERSON WHO GAVE YOUR NAME)**

NAME: _____ **DOB:** _____
Alias Name(s): _____
Address: _____ **City/State/ZIP** _____
Weight: _____ **Height:** _____ **Scars/Tattoos:** _____
Relationship: _____ **Same person in Booking Photo:** _____
Vehicles driven by imposter: _____ **Employer:** _____

Has this person given your name before? Please explain:

Any further information that you feel will assist us in this investigation?

**STATE OF FLORIDA
COUNTY OF BROWARD**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

AFFIANT (Signature)

(Print Name)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

by _____.
(Affiant/Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known: _____ **Produced Valid ID/Type of ID:** _____



HAROLD F. PRYOR
STATE ATTORNEY

AFFIDAVIT

[Please type all information except signature.]

STATE OF FLORIDA
BROWARD COUNTY

}
} VS:
}

JUDGE:

COURT CASE #:

PERSONALLY APPEARED BEFORE ME, the undersigned authority duly authorized to administer oaths and take acknowledgments, the AFFIANT herein, _____, who after being duly sworn, deposes and says:

1. That on _____, I was not arrested by _____ Police Department under Arrest/Booking Number _____.
2. That I was presented with a booking photograph of the arrestee by the State Attorney's Office, and I can identify the person(s) as:
Arrestee's Name: _____ Date of Birth: _____
Address: _____
Relationship: _____

AFFIANT SIGNATURE

SWORN TO AND SUBSCRIBED before me, this _____ day of _____, A.D. 20_____, by the Affiant herein, who is personally known to me, or who produced the following identification: _____.

(SEAL):

Notary Public, State of Florida
(My Commission Expires: _____)

**Florida Department of Law Enforcement
Compromised Identity Review Claim Form**

Disclaimer: This form is used for criminal record information only

Please be sure to print this form on legal 8.5" x 14" paper

FOR FDLE USE ONLY Case #: _____ Member: _____
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This form must be mailed to FDLE by the law enforcement agency that completes the fingerprint portion below

- Your Full Name (include maiden or other names used): _____

- Date of Birth: _____ Driver's License Number (optional): _____
Sex: _____ Race: _____ SSN (optional): _____
FDLE asks that you provide your SSN. The decision to provide your SSN is at your option, and if you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because use of it is imperative for FDLE to fulfill its lawful duties and responsibilities. Your failure to provide your SSN may result in a delay in processing your application or request.
- Current Mailing Address: _____
Email Address: _____
- Current Phone Number: _____ Alternate Phone Number: _____
- Have you previously completed a personal review with the FDLE? _____ If so, what was your case number? _____
- What event made you believe that your identity was used in an arrest record:
 Employment Traffic Stop Housing Theft/Loss Other: _____
- If known, please include the following information regarding the possible true offender:
 Full Name (include maiden or other names used): _____
 Date of Birth: _____ SSN (optional): _____ Sex: _____ Race: _____
 Last known address: _____
- If you are aware of how your identity was obtained briefly describe: _____

- If known please indicate which part of your identity was used: Date of Birth SSN Name All of these
- Was the possible offender: A Relative An Acquaintance/Friend A Stranger Unknown Other: _____
- Along with this form, please provide any additional information or documentation (i.e. court or law enforcement documents) that may support your claim.
- Although the following items are not required, the FDLE would ask that you supply a photocopy of your Driver's License and Social Security card along with this claim form to expedite the resolution of your case.

*****Law Enforcement Officer or Agency Designee: Please verify identity information above against a photo ID.
Please mail completed form in your official agency envelope to:
FDLE, P.O. Box 1489, Tallahassee, FL 32302, Attn: Quality Control Section, Compromised ID*****

Signature of official taking fingerprints: _____ ORI: _____

By signing this form I hereby attest that I believe I may be a victim of identity theft and/or have had my personal identification information stolen or misused in the past.

Signature of person fingerprinted: _____ Date: _____

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little	
6. L. Thumb	7. L. Index	8. L. Middle	9. L. Ring	10. L. Little	
Left Four Fingers Taken Simultaneously		L. Thumb	R. Thumb	Right Four Fingers Taken Simultaneously	

Printing Instructions:

Please print the completed affidavits using the below print buttons. When printing the document, please ensure that the option for "Choose paper source by PDF page size" is selected and ensure that both letter and legal sized paper is loaded into different trays of your printer. If your printer does not have more than one paper tray, please print all letter sized pages (pages 1-5) using the letter sized setting first and print page 6 using the legal paper size setting.

Once printed, please hand-deliver to the Linda B. Bell Identity Theft Unit for notary/fingerprinting or mail these notarized documents with fingerprints completed by any law enforcement agency.