



Attorney General **Mark R. Herring**

[Home](#) [Our Office](#) [Media Center](#) [Divisions](#) [Citizen Resources](#) [Programs & Initiatives](#) [Contact Us](#) [Community Outreach](#)

Identity Theft: Important Resources

- **Identity Theft Passport** - The Identity Theft Passport is a card that you can carry and present to law enforcement or other individuals who may challenge you about your identity should you become the victim of identity crime.

Identity theft continues to be one of the fastest growing crimes in the United States. Our Victim Notification Program receives reports about identity thieves and con artists every day who use technology as a tool to perpetrate crimes.

What do I do if I believe I am the victim of Identity Theft?

1. Notify your bank or credit union, credit card company, and one of the three credit bureaus ([Equifax](#), [Experian](#) or [Trans Union](#)) to notify them that you are a victim of an identity crime.
2. Contact your local police or sheriff's department and file a criminal complaint.
3. If you fall victim to identity theft while using the Internet, you should file a report with the [Internet Crime Complaint Center](#) (IC3).
4. Request an Identity Theft Passport from the Office of the Attorney General.

What is the Attorney General's Identity Theft Passport?

The Identity Theft Passport is a card that you can carry and present to law enforcement or other individuals who may challenge you about your identity should you become the victim of identity crime. The Passport is designed to serve as notification to help protect victims from unlawful detention or arrest for crimes committed by another under a stolen identity.

An Identity Theft Passport may be available to any Virginian who:

Has filed a police report because they believe they are a victim of identity crime; and/or has obtained a court order expunging their record as a result of identity crime

You may [download a PDF version of the application for an Identity Theft Passport](#). You can then print, complete, sign and mail to this Office; OR

You may write to this Office for an application for an Identity Theft Passport:

**Office of the Attorney General
Victim Notification Program**

202 North Ninth Street
Richmond, VA 23219

All applications must be submitted in person or by mail and will be acted upon promptly.



IDENTITY THEFT PASSPORT REQUEST -- VICTIM INFORMATION SHEET

NAME:	LAST	FIRST	MIDDLE
MAILING ADDRESS:	PHONE: H: (____) _____ W: (____) _____		
	DATE OF BIRTH: _____		
	SEX: MALE <input type="checkbox"/> FEMALE: <input type="checkbox"/> RACE: _____		
	U.S. CITIZEN: YES <input type="checkbox"/> NO <input type="checkbox"/>		
	NON-U.S. CITIZEN/LAWFULLY PRESENT: YES <input type="checkbox"/> NO <input type="checkbox"/>		
PLEASE INDICATE YOUR STATUS* _____			
(*MUST provide copy of supporting documentation)			
E-MAIL: _____			
PHOTO ID: _____			
DRIVER'S LICENSE # _____			
(MUST attach copy of valid VA Driver's License or DMV ID)			
SOCIAL SECURITY # _____			
DATE YOU BECAME AWARE OF IDENTITY THEFT: _____			
COUNTY/CITY AND STATE WHERE THEFT OCCURRED: _____			
RESIDENT OF VIRGINIA AT TIME OF INCIDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>			
VA LOCALITY WITH WHICH YOU FILED POLICE REPORT: _____			
NAME & PHONE NUMBER OF OFFICER WHO TOOK YOUR REPORT: _____			
AS A RESULT OF ID THEFT, ARE THERE CRIMINAL CHARGES ON YOUR RECORD? YES <input type="checkbox"/> NO <input type="checkbox"/>			
COPY OF VA POLICE REPORT OR EXPUNGEMENT ORDER ATTACHED (IF CRIMINAL CHARGES?) YES <input type="checkbox"/> NO <input type="checkbox"/>			
(Must provide copy of Police Report/Incident Report or Court Order/Expungement)			
NAME OF COURT THAT ISSUED EXPUNGEMENT ORDER / DATE OF ORDER: _____			
HAS THE PERSON WHO STOLE YOUR INFORMATION BEEN IDENTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF SO, HAS THE SUSPECT BEEN ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
IF YES, GIVE THE NAME OF THAT SUSPECT: _____			
TYPE OF THEFT / INVOLVEMENT: Credit Card <input type="checkbox"/> SSN Misuse <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Stolen Checks <input type="checkbox"/> Mail <input type="checkbox"/> ATM <input type="checkbox"/> Income Tax Fraud <input type="checkbox"/> Civil/Criminal Judgment <input type="checkbox"/> Ins. Coverage <input type="checkbox"/> Ind. Dept. Store Acc'ts <input type="checkbox"/> Other* <input type="checkbox"/>			

(*Describe Below)

GIVE BRIEF DESCRIPTION OF THE INCIDENT(S) OF YOUR ID THEFT:

(PLEASE CONTINUE ON BACK OF THIS FORM, IF NECESSARY)

Please Read Before Signing: Please know that in accordance with § 18.2-461 it shall be unlawful for any person (i) to knowingly give a false report as to the commission of any crime to any law-enforcement official with intent to mislead, or (ii) without just cause and with intent to interfere, with the operations of any law-enforcement official. Violation of the provisions of this section shall be punishable as a Class 1 Misdemeanor.

By signing this report, I attest that the information provided above is true and accurate and I acknowledge that I did file an accurate and true police report or expungement order related to my identity theft, a copy of which is attached.

VICTIM'S SIGNATURE: _____

TODAY'S DATE: _____

PLEASE INFORM THIS OFFICE IN WRITING OF ANY CHANGES IN YOUR ADDRESS

RETURN THIS FORM TO:

OFFICE OF THE ATTORNEY GENERAL
ATTN: IDENTITY THEFT PASSPORT PROGRAM
202 NORTH 9TH STREET
RICHMOND, VA 23219

PROGRAM PHONE NUMBERS:

800-370-0459
804-692-0555