

MISSISSIPPI DEPARTMENT *of* EMPLOYMENT SECURITY
ID THEFT AFFIDAVIT

1. Legal Name:

FIRST MIDDLE LAST JR., SR, III

2. (If different from above) When the events described in this affidavit took place, I was known as:

FIRST MIDDLE LAST JR., SR, III

3. Date of Birth _____
(MONTH/DAY/YEAR)

4. Social Security Number _____

5. Driver's license or state issued identification card number and state of issuance:

CARD NUMBER _____ STATE OF ISSUANCE _____

6. Current Address _____

City _____ State _____ Zip Code _____

7. I have lived at this address since _____
MONTH/YEAR

8. If you have been at your current address less than three (3) years, enter your prior address:

Prior Address _____

City _____ State _____ Zip Code _____

9. I lived at the address in Item 8 from _____ until _____
MONTH/YEAR MONTH/YEAR

10. Cell Phone Number _____

Other Phone Number _____

12. Email Address _____

13. Have you applied for Unemployment Insurance in the state of Mississippi in the past five years

YES NO If yes, enter the year you last applied? _____

HOW THE FRAUD OCCURRED

Check all that apply for items 14-23 below:

- 14. 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.
- 15. I did not receive any benefit, money, goods or services as a result of the events described in this report.
- 16. My identification documents (for example, credit cards, driver's license; Social Security card; etc.) were stolen or lost in the past. If so, enter the date below:

(MONTH/DAY/YEAR): _____

- 17. To the best of my knowledge and belief, the following person(s) used my information (name, address, date of birth, Social Security number, etc.) to apply for unemployment insurance without my knowledge or authorization.

NAME (IF KNOWN)

NAME (IF KNOWN)

ADDRESS (IF KNOWN)

ADDRESS (IF KNOWN)

PHONE NUMBER(S) (IF KNOWN)

PHONE NUMBER(S) (IF KNOWN)

PROVIDE ADDITIONAL INFORMATION BELOW (IF KNOWN)

PROVIDE ADDITIONAL INFORMATION BELOW (IF KNOWN)

- 18. I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.

19. Additional comments: (For example, description of the fraud, which documents, or information was used or how the identity thief gained access to your information.)

(ATTACH ADDITIONAL PAGES AS NECESSARY)

20. I am willing to assist in the prosecution of the person(s) who committed this fraud.
21. I am authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed the fraud.
22. I have reported the events described in this affidavit to the police or other law enforcement agency.
23. The police did write an incident report. If yes, complete the following.

POLICE DEPARTMENT

OFFICER TAKING REPORT

DATE OF REPORT

REPORT NUMBER, IF ANY

PHONE NUMBER

EMAIL ADDRESS, IF ANY

DOCUMENTATION CHECKLIST

You must provide the following documents with your completed affidavit.
Attach copies (NOT originals) when you submit the affidavit.

- 24. A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and do not have a photo-ID, you may submit a copy of your birth certificate or a copy of an official school document showing your enrollment and place of residence.
- 25. Proof of residency during the time the unemployment fraud occurred (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill).
- 26. A copy of the report from the police department or sheriff's office, or other documentation provided to you when you reported the ID theft.

SIGNATURE AND NOTARY PUBLIC

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.

SIGNATURE

DATE SIGNED

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

Due to the nature of our business with Unemployment Insurance and Fraud, Mississippi Department of Employment Security requires notarization of this affidavit.

NOTARY ACKNOWLEDGEMENT

State of _____

County / Parish _____

Personally appeared before me, the undersigned authority in and for the said county/parish and state, on this _____ day of _____, 20 ____, within my jurisdiction, the within named _____ [name(s) of person(s) acknowledged], who acknowledged that (he) (she) executed the above and foregoing instrument

[Seal]

[NOTARY PUBLIC]

My Commission Expires: _____