

State of Maryland Office of the Attorney General

Anthony G. Brown, Attorney General

Toll Free: 888-743-0023 www.marylandattorneygeneral.gov

idtheft@oag.state.md.us

Consumer Protection Division

200 St. Paul Place, 16th Floor

Baltimore, MD 21202

Application for Maryland Identity Theft Passport**Victim Information**

Name:	_____	*SSN:	____ - ____ - ____
	Last First Middle/Suffix		
Address:	_____	Date of Birth	____ / ____ / ____
	Street		mm/dd/yyyy
	_____	Birthplace:	_____
	City County Zip		
Home Phone:	_____	Daytime Phone:	_____
E-mail:	_____		
**Drivers License:	_____		
	Number	State Issued	
Gender:	_____		
	Male/Female		

Crime Information

Date you discovered the theft:	____ / ____ / ____
	mm/dd/yyyy
County and State where theft occurred (if known):	_____
Police Report #:	_____
Date Issued:	____ / ____ / ____
	mm/dd/yyyy
Issuing Agency:	_____
Phone #:	_____
Has the suspect been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, has an arrest been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Name of Suspect:	_____
Type of Theft (circle all that apply):	
	<i>Credit Card SSN Misuse Driver's Lic. Stolen Check Mail ATM Income Tax Fraud</i>
	<i>Passport Criminal/Civil Judgment Insurance Coverage Utility Account Other</i>
Please provide a brief description of the theft. Include what was stolen (credit card, SSN, Etc.), the numbers of any accounts that have been affected, the type of crime, and how you discovered the theft.	

* For identification only, SSN will be destroyed upon completion of background check

** You must include a copy of your Drivers License and the Police Report number with this application

Checklist of Documentation

Please include any supporting documents that may speed up the approval process.

Copy of Drivers License or State Issued ID Card, front and back (required)
Police Report Number (required)
Financial Documents: (optional)
 Bank statements
 Credit Card Statements
 Utility Accounts
Criminal record showing crimes committed in victim's name by another (optional)
Driving Record (optional)
Court Documents showing victim has been cleared of fraudulent charges, etc (optional)
Other:

Security Question

Pick 3 of the following security questions and provide answers. We will use a security question to activate your passport if your application is approved. Please circle your choices below:

What is your mother's maiden name? What is your favorite color? What is your favorite pet's name? What is your favorite sports team? In what city were you born? What high school did you attend? What is your favorite season?

Answers:

I, the undersigned applicant, hereby grant permission to the MD Office of the Attorney General to verify my identity and that the above crime occurred. I understand that this may include looking at my credit report, financial accounts, driver's license information, and any other relevant information.

Print Name: _____

Signature: _____

Date: __ __ / __ __ / __ __ __ __
 mm/dd/yyyy

Please read before signing:

Please note that, in accordance with Md Criminal Law § 9-501, a person may not make, or cause to be made, a statement, report, or complaint that the person knows to be false as a whole or in material part, to a law enforcement officer of the State, or of a county, municipal corporation, or other political subdivision of the State...with intent to deceive and to cause an investigation or other action to be taken as a result of the statement, report, or complaint. A person who violates this section is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding 6 months or a fine not exceeding \$500 or both.

Mail completed form and supporting documentation to:

**Identity Theft Unit
Md Office of the Attorney General, Consumer Protection Division
200 St. Paul Place, 16th floor
Baltimore, MD 21202**