



By signing below, you are making the following declarations: *(please check the appropriate answer)*

- I did or did not receive any benefit or value from the proceeds of the check(s) listed
- I did or did not receive any money, goods, services, or other benefit as a result of the events described in this report.
- I am or am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

As applicable, sign and date IN THE PRESENCE OF a law enforcement officer, a notary, or a witness.

I certify that to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes and may result in a fine, imprisonment, or both.

\_\_\_\_\_  
Signature of Claimant (if business Account, include Title)

\_\_\_\_\_  
Date

### Your Affidavit

If you do not choose to file a report with law enforcement, you may use this form as an Identify Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. Please sign this Affidavit in the presence of a notary or please have one witness (non-relative) sign that you completed and signed this Affidavit.

\_\_\_\_\_  
Signature of Claimant (if business Account, include Title)

\_\_\_\_\_  
Date

### Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

### Notary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
State

\_\_\_\_\_  
County

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires (Date)

Please mail the completed affidavit and attachments to:

TRS Recovery Services, Inc.  
P.O. Box 674169  
Marietta, GA, 30006

Or FAX to:

402.934.3721