



FRAUD CASE #
OFFICIAL USE ONLY

ALABAMA LAW ENFORCEMENT AGENCY
DRIVER LICENSE DIVISION

FRAUD INVESTIGATION REQUEST

THIS FORM IS TO BE COMPLETED ONLY WHEN A VICTIM IS AFFECTED BY DRIVER LICENSE OR IDENTIFICATION CARD FRAUD,

DATE AND TIME OF COMPLAINT: ____ / ____ / ____ AM PM

(OFFICE LOCATION / ADDRESS / TELEPHONE #) _____ (DPS EMPLOYEE'S NAME) _____

Complaint Originated From: Victim Law Enforcement Other

* If complaint originated from Law Enforcement or Other, please list contact information to include agency, officer's name, address, telephone number and any possible relationship to the victim or imposter:

* Has any formal complaint been made with any Law Enforcement or other government entity in connection with this complaint?

Yes No If yes, please list the agency name, officer's name, case number and contact information:

* Has the victim had any identification documents lost or stolen? Yes No

If yes, list the items and approximate date of loss: _____

VICTIM'S INFORMATION:	Best time to call:	AM / PM
FULL NAME OF VICTIM:	_____	
	(FIRST)	(MIDDLE)
	(LAST)	(MAIDEN / MOTHER'S MAIDEN NAME)
TELEPHONE NUMBERS:	()	()
	(HOME)	(WORK)
	()	(CELL OR OTHER CONTACT NUMBER)
DATE OF BIRTH: ____ / ____ / ____	SOCIAL SECURITY NUMBER:	_____
ALABAMA DL AND/OR ID # _____	OUT OF STATE DL AND/OR ID # _____	_____
CURRENT OR LAST KNOWN MAILING AND STREET ADDRESS:	_____	

TYPE(S) OF FRAUD COMMITTED:

- | | |
|---|---|
| <input type="checkbox"/> Out of State DL/ID Fraud | <input type="checkbox"/> Immigration, Passport, Social Security Fraud |
| <input type="checkbox"/> Ticket Fraud | <input type="checkbox"/> Certificate Fraud (Marriage / Birth / Etc.) |
| <input type="checkbox"/> Bank / Credit Card Fraud | <input type="checkbox"/> Other: _____ |

Have tickets been issued: Yes No If yes, where? _____

Does the victim know the imposter? Yes No If yes, complete the information on the back of the form.

Has a victim viewed a photograph of the imposter? Yes No

Is the imposter related to the victim? Yes No If yes, list relationship: _____

Address / City / County / State where imposter may be located: _____

PLEASE COMPLETE THE BACK OF THE FORM.

KNOWN IMPOSTER INFORMATION:

FULL NAME: _____
(FIRST) (MIDDLE) (LAST) (MAIDEN OR MOTHER'S MAIDEN NAME)

TELEPHONE NUMBERS: () () ()
(HOME) (WORK) (CELL OR OTHER CONTACT NUMBER)

DATE OF BIRTH: ____ / ____ / ____ SOCIAL SECURITY NUMBER: _____

ALABAMA DL AND/OR ID # _____ OUT OF STATE DL AND/OR ID # _____

CURRENT OR LAST KNOWN MAILING AND STREET ADDRESS: _____

LIST ANY ALIAS NAME(S), DATE OF BIRTH, AND SOCIAL SECURITY NUMBERS KNOWN TO USE; LIST ANY OTHER NAME AND DL / ID NUMBER USED;
LIST ANY OTHER STATE'S DL / ID INFORMATION:

POSSIBLE IMPOSTER INFORMATION:

FULL NAME: _____
(FIRST) (MIDDLE) (LAST) (MAIDEN OR MOTHER'S MAIDEN NAME)

TELEPHONE NUMBERS: () () ()
(HOME) (WORK) (CELL OR OTHER CONTACT NUMBER)

DATE OF BIRTH: ____ / ____ / ____ SOCIAL SECURITY NUMBER: _____

ALABAMA DL AND/OR ID # _____ OUT OF STATE DL AND/OR ID # _____

CURRENT OR LAST KNOWN MAILING AND STREET ADDRESS: _____

LIST ANY ALIAS NAME(S), DATE OF BIRTH, AND SOCIAL SECURITY NUMBERS KNOWN TO USE; LIST ANY OTHER NAME AND DL / ID NUMBER USED;
LIST ANY OTHER STATE'S DL / ID INFORMATION:

DESCRIBE COMPLAINT: _____

MAIL COMPLETED FORM TO: Alabama Department of Public Safety, Driver License Division Fraud Unit, P. O. Box 1471, Montgomery, AL 36102-1471