



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

Return your completed Identity Theft Notification Form to:

The Office of Ohio Attorney General
Consumer Protection Section - Identity Theft Unit
30 East Broad Street, 14th Floor
Columbus, Ohio 43215
(Phone) 1-800-282-0515
(Fax) 1-866-268-2279
www.OhioAttorneyGeneral.gov

SELF-HELP IDENTITY THEFT NOTIFICATION FORM

Self-help is a program offered in which the Ohio Attorney General’s Office will supply you with the necessary instructions, contact information, and documents so that you can remedy or attempt to remedy the effects of identity theft. Upon receiving this completed Form, the Attorney General’s Office will send you a Self-Help Guide that contains the necessary information for you to remedy the effects of your identity theft, but the Office will not actively participate in rectifying your situation.

Tell Us About Yourself: Mr. Mrs. Ms.

First, Middle, Last Name: _____

Your E-mail Address (Optional): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: () _____

Evening Telephone Number: () _____ Cellular Telephone Number: () _____

Previous Address: _____ Dates: From _____ To _____

City: _____ State: _____ Zip Code: _____

Previous Telephone Number: () _____

Date you learned of the Identity Theft: _____

Briefly describe how you learned of the Identity Theft: _____

READ THE FOLLOWING BEFORE SUBMITTING YOUR IDENTITY THEFT COMPLAINT

In filing this Notification, I understand that the Attorney General is not my private attorney, but rather represents the public by enforcing the laws designed to protect the public from unfair, deceptive, unconscionable or unlawful business practices. I also understand that if I have questions concerning my legal rights and responsibilities, I should contact a private attorney. The above Notification is true and accurate to the best of my knowledge.

Certain information you submit with your Notification may be considered public information and may be released as part of a public records request. Efforts will be made to safeguard information you are providing.

Signature: _____ Date: _____