



ID THEFT RESOLUTIONS, LTD.

P.O. Box 10243
Albuquerque, NM 87184
Phone: 505-417-1902
Fax: 505-344-7581

PLEASE TELL US ABOUT YOURSELF:

Name:

Business Name (if applicable):

Address:

City:

State:

Zip:

Phone:

Work:

Home:

Cell:

For data gathering services, please provide:

Age: Gender: Male Female

Income: (optional)

1. Below 10,000 per year.
2. 10,000-20,000
3. 20,000-30,000
4. 30,000-40,000
5. More than 40,000

PLEASE COMPLETE THE FOLLOWING:

Please explain your situation, what happened, etc., anything that would help us understand how your identity was stolen/compromised:

1. What is the amount in damages that you have incurred?
2. What agencies have you contacted?
3. Have you contacted an attorney? If yes, please share his/her name:
4. Has the attorney quoted you an approximate cost to work on your case? If yes, how much \$ _____
5. If you have not contacted an attorney, why not?
6. Have you filed a complaint with any other agencies? ____ Yes ____ No

If so, which agency?

7. What actions have you taken (if any) on your own? (Attach additional sheets if necessary)

IDTR is a non-profit organization. We may use non-identifying information regarding your case in our efforts to raise funds through the public and private sector. By signing below, we also reserve the right to contact you in the future regarding your case and, if and, how it was resolved.

Signature: _____

Date: _____

