



# MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY



## DRIVER SERVICE BUREAU FRAUD IDENTITY THEFT FORM 1900 East Woodrow Wilson Jackson, MS 39216

NAME AND ADDRESS OF VICTIM				LEAD INVESTIGATOR		
First Name	Middle Name	Last Name		First Name	Middle Name	Last Name
Address 1	Place of Birth	Country		Case Number:	Time:	
Address 2	Street:	City:	State:	Investigator 2:		
Home Phone ( )	Cell Phone: ( )			Case Status _____ _____ _____ _____		
Work Phone: ( )	Driver License Number					
DOB: / /	Race:	Sex:				
SUSPECT						
First Name	Middle Name	Last Name		Street:	City:	State:
Home Phone: ( )	Cell Phone: ( )			Address:	Country:	
Work Phone: ( )	Driver License Number			Other Actions _____		
DOB: / /	Race:	Sex: __		Results:		
Signature:	Date:	Location:		Signature:	Date:	Location:

**Fraud** is a false representation as matter of fact, whether by words or by conduct, by false or misleading allegations or by concealment of what should have been disclosed. If you're needing help concerning someone using your personal information and have received a **Citation, Driver's License** or **Identification Card**, please fill out the information form that is provided and send to **Security Compliance Division Post Office Box 958 Jackson, MS 39205. Contact 601-987-1279** for more information.