



# *KCSD IDENTITY THEFT KIT AND REPORT*

## **KERN COUNTY SHERIFF'S DEPARTMENT IDENTITY THEFT REPORT**

**(This form is to be completed by Sheriff's Department Personnel)**

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
(last) (first) (middle)

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Synopsis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use additional pages if required

Employee Name & I.D.# \_\_\_\_\_