

4-073
(March 2021)

Job Service North Dakota

Identity Theft Affidavit

Complete this form if you need Job Service North Dakota (JSND) to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this form for myself
- 2. This form is submitted in response to a 'Notice' or 'Letter' received from the JSND
 - Please provide 'Notice' or 'Letter' number(s) on the line to the right _____
 - Please check box 1 in **Section B**.
- 3. I have attempted to complete an identity theft report with another governmental agency but was unsuccessful.
 - Please indicate which agency you attempted to report ID theft and the date/time of contact:
 - Attorney General Office (State) _____ (Date) _____
 - FTC website (Date) _____
 - NCDF website (Date) _____
 - Police Dept (Name of Police Dept) _____ Date/Time contacted _____ Officer _____
- 4. I am submitting this form on behalf of another person
 - Please complete **Section E** on reverse side of this form.

Section B – Reason For Filing This Form (Required)

Check only **ONE** of the following boxes that apply to the person listed in **Section C** below. If the person identified in 'Section C' has previously submitted this form to the JSND, there's no need to submit another form.

- 1. **Someone used my information to file for unemployment benefits**
- 2. **I don't know if someone used my information to file for unemployment benefits, but I'm a victim of identity theft**

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.
If needed, please attach additional information and/or pages to this form.

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Section C – Name and Contact Information of Identity Theft Victim (Required)

Victim's last name	First name	Middle initial	Victim's Identification Number (Please provide 9-digit Social Security Number)
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Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address

Current city	State	ZIP code
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Calendar Year(s) you experienced identity theft (If not known, enter 'Unknown' in one box below)	Have you filed for UI benefits in the past with JSND?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Address used on last UI claim (If different than 'Current')	Names used on last UI claim (If different than 'Current')
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City (on last tax return filed)	State	ZIP code
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Telephone number with area code (Optional) If deceased, please indicate 'Deceased'	Best time(s) to call
Home telephone number _____ Cell phone number _____	

Language in which you would like to be contacted English Spanish

Section D – Penalty of Perjury Statement and Signature (Required)

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this form is true, correct, complete, and made in good faith.

Signature of victim, or representative, conservator, parent or guardian	Date signed
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Submit this completed form to either the mailing address or the FAX number provided on the reverse side of this form.

Section E – Representative, Conservator, Parent or Guardian Information *(Required if completing this form on someone else's behalf)*

Check only **ONE** of the following five boxes next to the reason you are submitting this form

- 1. The claimant is deceased and I am the surviving spouse**
 - Please include a copy of death certificate.
- 2. The claimant is deceased and I am the court-appointed or certified personal representative**
 - Attach a copy of the court certificate showing your appointment.
- 3. The claimant is deceased and a court-appointed or certified personal representative has not been appointed**
 - Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.
 - Indicate your relationship to decedent: Child Parent/Legal Guardian Other _____
- 4. The claimant is unable to complete this form and I am the appointed conservator or have Power of Attorney/Declaration of Representative authorization**
 - Attach a **copy** of documentation showing your appointment as conservator or POA authorization.
- 5. The person is my dependent child or my dependent relative**

By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the dependent's behalf.

 - Indicate your relationship to person: Parent/Legal Guardian Fiduciary Relationship per IRS Form 56
 Power of Attorney Other

Representative's name

Last name	First name	Middle initial
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Representative's current mailing address *(City, town or post office, state, and ZIP code)*

Representative's telephone number

Instructions for Submitting this Form

Submit this completed and signed form to JSND via **Mail** or **FAX** to JSND Fraud Unit processing areas dedicated to assist you. In **Section C** of this form, be sure to include the Social Security Number in the 'Taxpayer Identification Number' field.

Help us avoid delays:

- Choose one method of submitting this form either by Mail or by FAX, not both.
- Please provide clear and readable photocopies of any additional information you may choose to provide.

Submitting by Mail	Submitting by FAX
<p>• Mail this form to:</p> <p style="text-align: center;">Job Service North Dakota Attn: BPC/Fraud Unit PO Box 5507 Bismarck, ND 58506-5507</p>	<p>• FAX this form to:</p> <p style="text-align: center;">701-328-2728</p>