Office of the Ohio Attorney General
Collections Enforcement Section
30 East Broad Street, 14th Floor
Columbus, OH 43215

Collection Enforcement Paralegals
Office 614-466-8360
Voicemail 614-466-9393

Instructions for Mistaken Identity Affidavit

Please include **all lien information** you have obtained (ex: **tax identification number, serial number or account number**) in the "RE:" section at the top, right hand corner of the affidavit. The affidavit must be **notarized** and the **original notarized affidavit** returned to our office **by mail**. In addition, we will need a **copy of your driver's license** and **a copy of your social security card**. If you cannot locate your Social Security card, you may submit a W-2 Form, or any document that contains your full Social Security number. Once this information is received and verified, a notice will be sent to you by mail to be filed with the Clerk of Courts Please carefully follow these instructions so that we may better serve you.

Thank you for your patience and cooperation in this matter. If you have any further questions regarding this matter, feel free to contact our office number listed below.

[PLACE COPY OF DRIVER'S LICENSE HERE]

AFFIDAVIT
REGARDING MISTAKEN IDENTITY

IN RE:
DOCKET NO PAGE NO

CASE/SERIAL NO

CREDITOR:

NAME DATE OF BIRTH
ADDRESS SOCIAL SECURITY #
CITY/STATE/ZIP ( ) TELEPHONE #
EMAIL

I,_____, WHOSE CURRENT/CORRECT INFORMATION IS LISTED ABOVE, HAVING BEEN FIRST DULY CAUTIONED AND SWORN AND UNDER PENALTY OF PERJURY FOR PROVIDING ANY STATEMENT THAT I KNOW TO BE UNTRUE, DEPOSE AND STATE THAT I AM NOT THE SAME PERSON AS THE NAMED AS A DEFENDANT OR AS A JUDGMENT DEBTOR IN THE ABOVE-CAPTIONED CASE AND/OR JUDGMENT AS RECORDED IN THE OFFICE OF THE CLERK OF COURTS FOR COUNTY, OHIO.

IN FURTHER SUPPORT OF THE FOREGOING I ALSO SWEAR AND CERTIFY THAT: _____

_____

_____

_____

_____.

I FURTHER DISAVOW ANY KNOWLEDGE OF OR RESPONSIBILITY FOR THE ABOVE- CAPTIONED CASE AND/OR JUDGMENT.

AND FURTHER AFFIANT SAITH NOT.

SIGNATURE OF AFFIANT

SWORN TO AND SUBSCRIBED IN MY PRESENCE ON THE DAY OF , 20

STATE OF OHIO :
: SS
COUNTY OF :

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: