



**Mike DeWine**  
Ohio Attorney General

Collections Enforcement  
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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.

Collections Enforcement Paralegals  
Collections Enforcement  
150 East Gay Street, 21<sup>st</sup> Floor  
Columbus, Ohio 43215  
Office: 614-466-8360  
Voicemail: 614-466-9393

# AFFIDAVIT REGARDING MISTAKEN IDENTITY

[PLACE A COPY OF DRIVER'S  
LICENSE AND A COPY OF SOCIAL  
SECURITY CARD HERE]

IN RE:	
DOCKET NO _____	PAGE NO _____
CASE/SERIAL NO _____	
CREDITOR: _____	

STATE OF OHIO :  
  : SS  
COUNTY OF \_\_\_\_\_ :

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

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 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_