



DAVE YOST
OHIO ATTORNEY GENERAL

Collections Enforcement
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Columbus, OH 43215
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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
30 E. Broad St., 14th Floor
Columbus, Ohio 43215
Office: 614-466-8360
Voicemail: 614-466-9393

AFFIDAVIT REGARDING MISTAKEN IDENTITY

[PLACE COPY OF DRIVER'S LICENSE HERE]

IN RE:
DOCKET NO _____ PAGE NO _____

CASE/SERIAL NO _____

CREDITOR: _____

NAME

ADDRESS

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: _____