Case 4:16-cv-00246-JM Document 26-5 Filed 04/19/17 Page 1 of 8

# Exhibit E



Case 4:16-cv-00246-JM Document 26-5 Filed 04/19/17 Page 2:018/3

# IN THE DISTRICT COURT OF FAULKNER COUNTY, ARKANSAS COURT CONWAY DIVISION

2013 AUG 9 PM 3 44

PORTFOLIO RECOVERY ASSOC.

**PLANTIFF** 

V.

**LORETTA BURKS** 

**DEFENDANT** 

**CASE NO. CWCV-13-423** 

#### **RESPONSE:**

1. I AM RESIDENT OF FAULKNER COUNTY

- 2. I HAVE NEVER RESIDED ANYWHERE OTHER THAN 51 BATESVILLE ROAD IN DAMASCUS ARKANSAS
- 3. I DENY ANY CHARGES OR PAYMENTS MADE ON THE GE CAPITAL RETAIL BANK ACCOUNT AND NEVER OPENED THIS ACCOUNT.
- 4. I HAVE PREVIOUSLY PROVEN ALL THE ABOVE.
- 5. ATTACHED IS A SIGNED AFFIDAVIT OF IDENTITY THEFT.
- 6. This acct. was proven traud before portfolio assoc. assumed it.

LORETA BURKS 51 BATESVILLE ROAD DAMASCUS, ARKANSAS 72039

Rometta Burlls, debendant

Case 4:16-cv-00246-JM Document 26-5 Filed 04/19/17 Page 3 of 8

Average time to complete: 10 minutes

Identity Theft Victims' Complaint and Affidavit

A voluntary form for filing a report with law enforcement and disputes with credit reporting agencies and creditors about identity theft related problems. Visit fic.gov/idtheft to use a secure online version of this form that you can print for your records.

#### Before completing this form:

- 1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
- 2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

_	out You doe	• • • • • • • • • • • • • • • • • • • •					
Nov	<b>y</b>				_	Leave (3)	
						blank until you	
1)	My full legal name:	Loretta		Burks		provide this	
		First		Lest	Suffix	someone with	
2)	My date of birth:	1945 mm/dd/yyyy				a legitimate	
			1475			business need, like	
3)	My Social Security Nu		1473			when you are	
4)	My driver's license:	Ctota -	Number			filing your report at the	
	••	30m	Notice			police station	
5)	My current street add	ress:				or sending the form to a	
		& Street Name	An	artment, Suite, et		- credit	
			•			reporting agency to	
	Demeacus City	AR State	72039 Zip Code		USA ountry	correct your	
6)	I have lived at this ad	dress since:	3/01	11944		credit report.	
-,			nm/dd/yyyy	1. 144		1	
7)	My daytime telephone number: ()						
	My evening telephon	e number:	501 335-	7348			
	My email address:	msburks881988	Movehoo.com				
• • •	•			•			
At t	he Time of the I	Fraud					
(8)	My full legal name wa	as: <u>Loretta</u> First	T	Burks		Skip (8)-(10) i - vour	
				Lest	Suffix	Information	
(9)	My address was: _	51 Batesvi	IR KU		t, Suite, etc.	has not changed since	
	0	Number & S	treet Name			the fraud.	
	<u> Damascu</u>	S AK State	72039 Zip Code	Faulk	Country	_	
	Oily	<b>-</b>		_			
	My daytime phone:	501,335-	348 My e	evening phone:	6011 <del>50</del> 3	<u> 335-7348</u>	
(10)		^					
(10)	My email:	$\sim$					

### Case 4:16-cv-00246-JM Document 26-5 Filed 04/19/17 Page 4 of 8

Vic	tim's Name:	Loretta	Burks	Phone Number(s): 501	335 7348	Page 2
Ab	out You	(the vict	tim) (Conti	nued)		
Dec	larations					
(11)	I □ did OR	⊠ did not		e to use my name or personal in ods, or services - or for any other		• .
(12)	I 🗆 did OR	🖾 did not	receive any mon	ney, goods, services, or other beas s in this report.	nefit as a result of the	
(13)	I ⊠am OR	am not	•	with law enforcement if charges as committed the fraud.	re brought against the	

### About the Fraud

#### Who

(14) I believe the following person(s) used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

(14):
Enter what
you know
about anyone
you believe
was involved
(even if you
don't have
complete
information).

### Case 4:16-cv-00246-JM Document 26-5 Filed 04/19/17 Page 5 of 8

	's Name: <u>L</u>	oretta	Burks	Phone Number(s		335-7	Page 3
A)	Name:	First	Middle	Last		Suffix	(14) and (15): Attach additiona
	Address:	7 11 44		Last		Julix	sheets as
	Audress	Numb	oer & Street Name	Apa	rtment, Suite,	etc.	
		City	State	Zip Code	Count	ry	
	Phone Numb	)ers:	( )				
	Additional in	formation abou	t this person: _				
_				·			
Эос	umentatic	) II					
	umentatic		e documents;				(16): Reminder:
	can verify my ic	dentity with the	noto identification ca	ard (for example, i	my driver's li	Canse,	
16)	can verify my ic A valid governo state-issued ID If you are unde	dentity with the ment-issued ph card, or my pi or 16 and don't	noto identification ca	copy of your birth	certificate o	ra copy	Reminder: Attach copies of your identif

## Case 4:16-cv-00246-JM Document 26-5 Filed 04/19/17 Page 6 of 8

Vic	tim's Name:	Loretta	Burks	Ph	one Numbe	r(s):_501	335 13	Page 4		
Ab	out the I	nformatio	on or A	counts						
(17)	in my credi	g personal info t report is inacc	curate as a n	sult of this ide	ntity theft:	•	umber, or dat	e of birth)		
	(C)									
(18)	Credit inquir	Credit inquires from these companies appear on my credit report as a result of this identity theft:								
	Company Na	me: <u>Elan F</u>	inancial							
	Company N	ame: <u>Portfol</u>	io Recovery							
	Company Na	ame: <u>Walma</u>	rt							
(19)	Below are d	etails about the	different fra	uds committed	using my p	ersonal inf	ormation.			
				·····				1		
	olisi Walmert				(877) 2947	7880				
Name	of Institution		Cont	act Person	Phone		Extension			
		8191						Ì		
Accou	int Number		Routi	ng Number	Affect	ed Check No	ımber(s)			
Ao	count Type: 2	Credit	☐ Bank	Phone	<b>(Utilities</b>	Loa	n			
	נ	Governmen	nt Benefits	☐ Other						
Se	lect ONE:									
	K This	account was op	ened fraudu	lently.						
	☐ This	was an existing	account the	t someone tam	pered with.					
			,		•					
Date (	3/1/2 Opened or Miss	002 eed (mm/dd/yyy	v) Detail	Discovered (mm/	dd(m)		86.00 btsined (\$)			
			,,	······································						

## Case 4:16-cv-00246-JM Document 26-5 Filed 04/19/17 Page 7 of 8

Victim's Name:	Loretta	Burks	/	Phone Numb	er(s):_501	3357	348 Page 5
Portfolio Recovery/GE Walmert Name of Institution	Capital Retail			(800) 772	21413		(19): If there were more then three frauds.
Name of Institution		Conta	ct Person	Phon		Extension	copy this page
	819	1					blank, and attach as many additional
Account Number	0.7		g Number	Affec	ted Check h	lumber(s)	copies as
Account Type:	Credit	Bank	Phon	e/Utilities	Loc	<b>3</b> 0	necessary.
C	Governme	nt Benefits	☐ Othe	r			Enter any applicable
Select ONE:							information that
₹ This a	ccount was o	pened fraudui	entiv.				you have, even if it is incomplete or an
_	vas an existino		•	طائب المحمد			estimate.
L IIIIS W	es en existini	BCCOURT BIA	Someone un	mpered with	•		If the thief committed two
12/1/20 Date Opened or Misus	)11	A Deta S	V	-1441		149.00	types of fraud at
Date Opened or Misus	nea (ww.aa/yyy	y) Date t	Discovered (mn	n/dd/yyyy)	Amount	Obtained (\$)	one company, list the company twice,
							giving information
							about the two
Elen Finencial Name of Institution	-	O-mi	ect Person	(866) 23		Extension	frauds separately.
Territo Of Wildowsons			ICI Person	Phor			Contact Person:
	1234	<i>(</i>					Someone an investigator or
Account Number			ng Number	Affec	oted Check	Number(s)	officer can call
Account Type:	Credit	☐ Bank	Phor	ne/Utilities	<u>П</u> ь	en	about this fraud.
	Governme	nt Benefits	☐ Othe	r			Account Number: This could be the
Select ONE:							number on your
⊠ This a	occount was o	pened fraudu	lentiv.				credit card or debt card, bank account
_	vas an existin		•	mnered with	1		loen, mortgage, insurance policy, or
					••		other number.
8/1/20 Date Opened or Misu		a) Oata I	Discovered (mr	ndddaaa)	Amount	Obtained (\$)	Amount Obtained:
Person or street	and (manageryy)		ACCOMPANIES (IIII	)	MINUME	CARENTOU (4)	For instance, the emount purchased
					·		with your card or withdrawn from
							your account.

### Case 4:21-cv-00189-LPR Document 253-6 Filed 07/19/23 Page 8 of 8

Case 4:16-cv-00246-JM Document 26-5 Filed 04/19/17 Page 8 of 8

Victim's Name:	Loretta	Burks	Phone Number(s): 501	3357348 Page 7
Signature As applicable, signature	gn and date i	IN THE PRESI	ENCE OF a law enforcement office	cer, a notary, or a
is true, corre contains will within their ju fragilient sta	ct, and comple be made avail urisdiction as the ternent or repression	te and made in public to federal, s ney deem approp	d belief, all of the information on and a good faith. I understand that this comp tate, and/or local law enforcement age wriste. I understand that knowingly ma government may violate federal, state	plaint or the information it encies for such action king any false or
Signature 7 û	Ta L	Silk	Date Signed (mm/dd/yyyy	12
Affidavit to prove to e the fraud. W Check with e ng@prization.	choose to file a sach of the con while many con sach company . If so, sign in t	panies where the panies accept to see if it accept	Art.	rou are not responsible for bmit different forms. see if it requires
(Signature)	JACA 12	pson	(printed name)  (sci) 13	10 My 50n