

Annual Credit Reports for Youth in Care

REQUEST FOR INVESTIGATION

If you suspect that credit fraud or possible identity theft has occurred to one of your youth, please complete the “Request for Investigation” form and attach copies of any relevant information (credit report, billing statements, collections activity, etc.).

In the ‘Additional Info’ section, include the youth’s full legal name, any AKA’s, most recent placement address, contact phone number and email address. After this information include the following line:

This information is confidential and may be covered by the Health Insurance Portability and Accountability Act (HIPAA), 1996

Requests for investigation and supporting documentation may be sent to the attention of Ashley A. Martin, Investigative Assistant via fax to **702 486-0660**.

For additional inquiries, please contact:

Deputy Chief Investigator
Shaun Bowen
sbowen@ag.nv.gov
775 684-1187 or 775 684-1280

Investigative Assistant/Administrative Assistant IV
Ashley A. Martin
amartin@ag.nv.gov
702 486-0664

This is a result of Senate Bill 99 which passed in the 2013 Legislative Session.



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
INVESTIGATIONS DIVISION

REQUEST FOR INVESTIGATION

Requesting Agency/Department:

Date: Agency Point of Contact:

Phone: Fax:

Email:

Type of Investigation: Criminal Civil Administrative

Alleged Suspect(s):

NRS/NAC Violated:

Synopsis of case:

ATTACH ADDITIONAL INFORMATION AS NECESSARY

Additional Info (Conflicts of Interest, Time Constraints, Related Cases, Confidentiality Concerns, etc.):