Trafficking Block Request

Per FCRA Section 605C

**Timeframes for Consumer Reporting Agencies to Comply**

* Consumer Reporting Agencies have up to **4 business days upon receipt** of the Submission to temporarily block the identified Adverse Information from Consumer Reports. *§ 1022.142(e)(1)*
* Consumer Reporting Agencies have up to **5 business days upon receipt** of the Submission to contact the Survivor or their Advocate about any missing information regarding their Submission, if needed. *§1022.142(e)(2)(i)*
* Consumer Reporting Agencies have up to **25 business days upon receipt** of the Submission to make a final determination about whether the block will remain permanent, or the block will be rescinded. *§1022.142(b)(6)(ii)(B)*
* Consumer Reporting Agencies have up to **5 business days after a final determination is made** to notify the Survivor of the outcome of the determination and provide the Survivor or their Advocate with a copy of their revised Consumer Report (at no cost), through the Survivor’s preferred communication method. *§1022.142(b)(6)(ii)(B)*

**Final Determination**

Consumer Reporting Agencies can deny or rescind a block **in limited circumstances**:

1. The identity of the Survivor cannot be reasonably confirmed;
2. The Survivor did not provide documentation determining Survivor status from an accepted source; and/or
3. The Consumer Reporting Agency cannot identify the adverse credit information to be blocked.

Survivors have the right to appeal a Consumer Reporting Agency's decision. The Agency must provide information about the appeal process along with its final determination.

**If you have not processed a trafficking block before, it is highly recommended that you contact legal counsel prior to closing this block.**

**For additional information, see AbusePreventionSystems.com/NewStart.**

**FCRA Section 605C Consumer Submission**

**Human Trafficking – Request to Block Adverse Information**

Date: MM/DD/YYYY

Full Name: FIRST, MIDDLE, LAST

DOB: MM/DD/YYYY

SSN: XXX-XX-XXXX

Address: STREET

CITY, STATE ZIP

RE: Section 605C Trafficking Block Request

To whom it may concern,

I am a survivor of Human Trafficking. The adverse information listed below, which may appear (or currently appears) on a Consumer Report or Background Check, is the result of Trafficking:

**Financial**

**Equifax:**

* Public Record: NAME OF PUBLIC RECORD IF APPLICABLE

Date Filed: DATE AS LISTED ON YOUR CREDIT REPORT

* Creditor: NAME OF CREDITOR AS LISTED ON YOUR CREDIT REPORT

Date Reported: DATE AS LISTED ON YOUR CREDIT REPORT

Current Status: AS LISTED ON YOUR CREDIT REPORT

* Creditor: NAME OF CREDITOR AS LISTED ON YOUR CREDIT REPORT

Date Reported: DATE AS LISTED ON YOUR CREDIT REPORT

Current Status: AS LISTED ON YOUR CREDIT REPORT

* Creditor: NAME OF CREDITOR AS LISTED ON YOUR CREDIT REPORT

Date Reported: DATE AS LISTED ON YOUR CREDIT REPORT

Current Status: AS LISTED ON YOUR CREDIT REPORT

**TransUnion:**

* Public Record: NAME OF PUBLIC RECORD IF APPLICABLE

Date Filed: DATE AS LISTED ON YOUR CREDIT REPORT

* Creditor: NAME OF CREDITOR AS LISTED ON YOUR CREDIT REPORT

Date Reported: DATE AS LISTED ON YOUR CREDIT REPORT

Current Status: AS LISTED ON YOUR CREDIT REPORT

**Experian:**

* Public Record: NAME OF PUBLIC RECORD IF APPLICABLE

Date Filed: DATE AS LISTED ON YOUR CREDIT REPORT

* Creditor: NAME OF CREDITOR AS LISTED ON YOUR CREDIT REPORT

Date Reported: DATE AS LISTED ON YOUR CREDIT REPORT

Current Status: AS LISTED ON YOUR CREDIT REPORT

* Creditor: NAME OF CREDITOR AS LISTED ON YOUR CREDIT REPORT

Date Reported: DATE AS LISTED ON YOUR CREDIT REPORT

Current Status: AS LISTED ON YOUR CREDIT REPORT

**Criminal**

**Name of County County, State:**

* Case Number (Crime)(Misdemeanor or Felony)(Approx. Date of Offense)
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* Case Number (Crime)(Misdemeanor or Felony)(Approx. Date of Offense)

**Driving Records**

**Driver’s License State: STATE**

* OFFENSE (APPROX. DATE OF OFFENSE)

Pursuant to 605C of the Fair Credit Reporting Act, I respectfully request that you block the reporting of the adverse information identified above (and any other information related thereto) within four business days (see 12 CFR §1022.142(e)(1)). In addition, please send me notification of the action taken pursuant to this request within five business days (see 12 CFR §1022.142(f)).

**My preferred method of contact: *(select your preferred method)***

* [ ]  Email
* [ ]  Mail
* [ ]  Phone
* [ ]  Please contact my Advocate on my behalf

**My representative’s information:***(Optional)*

Representative Name: REPRESENTATIVE'S NAME

Representative Email: REPRESENTATIVE'S EMAIL

Representative Phone: REPRESENTATIVE'S PHONE NUMBER

Sincerely,

YOUR NAME HERE

**ENCLOSURES**

* **Proof of Identity *(attached)*: *(select method attached to this letter)***
* [ ]  Driver’s License
* [ ]  State-Issued ID Card
* [ ]  Passport
* [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Trafficking Documentation:**
* [ ]  [YOUR NAME] FCRA Section 605C Self-Attestation Form *(attached)*