



District Attorney David Eyster's
Check Enforcement Program

This form must be submitted by mail to:

District Attorney David Eyster
Check Enforcement Program
PO Box 1000
Ukiah, CA 95482

Check Complaint Form

VICTIM INFORMATION

Merchant Program No. _____

Company Name (If an individual, enter your name.) _____

Address _____

City _____

State _____ **Zip** _____ **Phone** _____

Certain checks are civil rather than criminal issues. Please check this box to verify that no check(s) submitted were *post-dated* or accepted as *payment on an account* and that there was no *agreement to hold* any check.

Checking this box signifies that you agree not to accept payment for the check directly and will refer the check writer to the **Check Enforcement Program at 888-871-9408**.

The undersigned states that he/she has actual knowledge of the facts stated herein and believes that they are true as presented. Further, the undersigned relinquishes all rights for acceptance of restitution unless directed by the District Attorney's Office.

Print Name _____

Title _____

Signed _____

Date _____

CHECK-WRITER INFORMATION

Name (Last) _____

(First) _____

(Middle) _____ (Suffix) _____

Address _____

City _____

State _____ **Zip** _____ **Phone** _____

Driver's License No. _____

State Where Issued _____

Other Photo ID _____

Date of Birth _____ Male Female

Race _____ Height _____

Employer _____

Please list any additional information to help identify or locate the check writer (*race, height, hair color, etc.*)

CHECK INFORMATION

IMPORTANT - Establish Positive ID

This can be done two ways:
(1) if photo ID is verified and noted or
(2) the person taking the check can positively identify the check writer. If possible, list the name of the person who can positively identify the check writer for each check.

Qualifying Checks

- Insufficient or Non-sufficient Funds
- Closed Account
- No Account

Some Non-Qualifying Checks

- Checks passed when both parties knew there were insufficient funds at the time of the transaction
- Stop payment checks
- Post-dated, pre-dated or altered checks
- Checks written toward a pre-existing debt
- Refer-to-Maker checks
- Counterfeit or Forged checks
- Checks older than 90 days
- Checks previously submitted to a collection agency or civil attorney

1 Reason check was dishonored:
 NSF
 Account Closed
 No Account

Ck. No. _____

Date Passed _____

Amount _____

Was photo ID verified?

- No
 Yes

Person who accepted check

Was partial payment accepted?

- No
 Yes - If yes, in what amount?
\$ _____

Can the person who accepted this check positively identify the check writer?

- No
 Yes

2 Reason check was dishonored:
 NSF
 Account Closed
 No Account

Ck. No. _____

Date Passed _____

Amount _____

Was photo ID verified?

- No
 Yes

Person who accepted check

Was partial payment accepted?

- No
 Yes - If yes, in what amount?
\$ _____

Can the person who accepted this check positively identify the check writer?

- No
 Yes

3 Reason check was dishonored:
 NSF
 Account Closed
 No Account

Ck. No. _____

Date Passed _____

Amount _____

Was photo ID verified?

- No
 Yes

Person who accepted check

Was partial payment accepted?

- No
 Yes - If yes, in what amount?
\$ _____

Can the person who accepted this check positively identify the check writer?

- No
 Yes

Please staple **Original or Bank-generated Substitute** Check(s) here. Attach required supporting information to the back of this form.