



Siskiyou County District Attorney's Check Enforcement Program

Check Complaint Form

Submit to: District Attorney's
Check Enforcement Program
P.O. Box 986
Yreka, CA 96097

Contact the Check Enforcement Program at: **1-888-296-1393**
or contact the website at: **www.hotchecks.net/Siskiyou**

VICTIM INFORMATION

Company Name _____ Program No. _____
(If an individual, enter your name.)

The undersigned states that he/she has actual knowledge of the facts stated below 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: _____

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.

CHECK-WRITER INFORMATION

Name: First _____ Middle _____ Last _____ Suffix _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Date of Birth _____ Gender: M F

Employer _____ Work Phone _____

Driver's License # _____ State Where Issued _____ Other Photo ID _____

Please list any additional information to help identify or locate the check writer:

IMPORTANT It is important to try to establish positive ID. It 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 below.

Qualifying Checks:

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

Nonqualifying 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
- Counterfeit or Forged checks
- Refer-to-Maker checks
- Checks older than 90 days
- Checks previously submitted to a Collection Agency or Civil Attorney

CHECK INFORMATION

1 Reason check was dishonored: NSF Account Closed No Account
 Ck. No. _____ Date passed _____ Amount \$ _____ Was photo ID verified? Y/N _____ Person who accepted check _____ Was partial payment accepted? Yes No
 If yes, what amount? \$ _____
 Photo ID was checked and verified Can the person who accepted this check positively identify the check writer? Yes No

2 Reason check was dishonored: NSF Account Closed No Account
 Ck. No. _____ Date passed _____ Amount \$ _____ Was photo ID verified? Y/N _____ Person who accepted check _____ Was partial payment accepted? Yes No
 If yes, what amount? \$ _____
 Photo ID was checked and verified Can the person who accepted this check positively identify the check writer? Yes No

3 Reason check was dishonored: NSF Account Closed No Account
 Ck. No. _____ Date passed _____ Amount \$ _____ Was photo ID verified? Y/N _____ Person who accepted check _____ Was partial payment accepted? Yes No
 If yes, what amount? \$ _____
 Photo ID was checked and verified Can the person who accepted this check positively identify the check writer? Yes No

4 Reason check was dishonored: NSF Account Closed No Account
 Ck. No. _____ Date passed _____ Amount \$ _____ Was photo ID verified? Y/N _____ Person who accepted check _____ Was partial payment accepted? Yes No
 If yes, what amount? \$ _____
 Photo ID was checked and verified Can the person who accepted this check positively identify the check writer? Yes No

Please staple Original or Bank-generated Substitute Check(s) here. Attach return receipt from your Certified Mail notice to back. If notice was unclaimed, attach that to indicate it was undeliverable.