

# BAD CHECK COMPLAINT FORM

(ONE FORM FOR EACH CHECK SUBMITTED)

*NOTE: After the complaint has been filed with the District Attorney's Office, if the complainant merchant wishes to withdraw the complaint for good cause, the complainant/merchant shall pay a statutory fee of \$30.00 to the District Attorney's Office for processing such complaint.*

COUNTY WHERE CHECK ACCEPTED: \_\_\_\_\_

## VICTIM DATA:

Name of business/person suffering loss on check (specific legal name of company): \_\_\_\_\_

Business/Person Address: \_\_\_\_\_

Person Who Accepted Check: \_\_\_\_\_

Acceptor's Occupation: \_\_\_\_\_  
(Clerk, Manager, Cashier, etc.)

Your Phone No. \_\_\_\_\_

Acceptor's E-Mail Address: \_\_\_\_\_ Acceptor's Fax: \_\_\_\_\_

## DEFENDANT DATA:

Defendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN or Driver's License No.: \_\_\_\_\_

Defendant's Place of Employment: \_\_\_\_\_

Amount of Check: \_\_\_\_\_ Date Check Accepted: \_\_\_\_\_

Can Acceptor Identify Suspect? \_\_\_\_\_ How? \_\_\_\_\_

Was the Check Writer in Acceptor's Presence? \_\_\_\_\_

Property Obtained? \_\_\_\_\_

Did Acceptor Agree to Hold Check? \_\_\_\_\_ Was Check Post-Dated? \_\_\_\_\_

## Certification

I hereby certify that the above information is true and that my only interest in this matter is the prosecution of the above named individual and I will cooperate with the prosecution of this crime. I will not request that the complaint on this case be dismissed, nor will I accept payment from the above named individual without prior consent and approval of the District Attorney's Office.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_