



Ada County Prosecuting Attorney's Office  
**Check Enforcement Program**  
 P.O.Box 6777 • Boise, ID 83707-6777

For official use:

# Check Complaint Form

This form must be filled out before any action can be taken on checks turned over to the Check Enforcement Program. The Prosecuting Attorney's Office has the right to determine if criminal action will be taken on any check matter referred to it.

## VICTIM INFORMATION

**Company Name** \_\_\_\_\_ **Merchant Number** \_\_\_\_\_

The undersigned states that he/she has actual knowledge of the facts and matter stated above and understands that he/she relinquishes any and all rights of acceptance of restitution unless directed by the Prosecuting Attorney's Office. Also that submitting this complaint may result in criminal charges being brought against the check writer.

Print Signature \_\_\_\_\_ Title: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## CHECK-WRITER INFORMATION

**Name** REQUIRED First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Gender: M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Visual Confirmation: Y  N

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Additional ID \_\_\_\_\_

## CHECK INFORMATION

Reason check(s) did not clear:

NSF  Account Closed  No Account

**Verified ID:** Verifying ID is important for restitution or prosecution. Please indicate whether the person who took the check can positively identify the check writer. Consult Program Guidelines for more information.

Check No.	Date Passed	Amount	Person who accepted the check	Positive ID Y/N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List the attempts you have made to collect these check(s): \_\_\_\_\_

Has partial payment been taken on the check(s)? Y / N \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

Staple Original Check here.

Submit to: **Ada County Prosecuting Attorney's Office**  
**Check Enforcement Program**  
 P.O. Box 6777  
 Boise, ID 83707-6777

If you have questions, please contact our office at: **1-888-524-2996**