



Cumberland County District Attorney's
Check Enforcement Program

Check Complaint Form

Submit to: District Attorney's
 Check Enforcement Program
 142 Federal Street
 Portland, ME 04101

Contact the Check Enforcement Program at: **1-888-711-0205** or contact the website at **hotchecks.net/Cumberland**

VICTIM INFORMATION

Company Name _____ **Merchant Program N^o.** _____
 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:

Please staple **Original** Check(s) here. Staple required supporting information to the back of this form.

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

- Counterfeit or Forged
- Stop payment checks
- Post dated, pre-dated or altered checks
- Agree-to-hold checks

- Two-party checks
- Refer to Maker checks
- Checks older than 90 days
- Checks passed outside Cumberland County

CHECK INFORMATION

1 Reason check was dishonored: NSF Account Closed No Account
 Ck. No. _____ Date passed _____ Amount _____ Bank charges incurred _____ Person who accepted check _____ Was partial payment accepted? Yes No
 If yes, what amount? _____
 \$ _____ \$ _____ \$ _____
 3 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 _____ Bank charges incurred _____ Person who accepted check _____ Was partial payment accepted? Yes No
 If yes, what amount? _____
 \$ _____ \$ _____ \$ _____
 3 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
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 If yes, what amount? _____
 \$ _____ \$ _____ \$ _____
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4 Reason check was dishonored: NSF Account Closed No Account
 Ck. No. _____ Date passed _____ Amount _____ Bank charges incurred _____ Person who accepted check _____ Was partial payment accepted? Yes No
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