



# Clark County Prosecuting Attorney's Check Enforcement Program

# Check Complaint Form

Submit to: Prosecuting Attorney's  
Check Enforcement Program  
1013 Franklin Street  
Vancouver, WA 98660

Contact the Check Enforcement Program at: **1-888-505-9672**  
or contact the website at: **www.hotchecks.net/clark**

## 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 Prosecuting 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 as payment on an open account
- Stop payment checks
- Post dated, pre-dated or altered checks
- Payroll checks
- Counterfeit or Forged checks
- Two-party checks
- Checks older than 180 days
- Agree-to-hold checks
- Refer-to-maker checks

## 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	_____	_____	If yes, what amount? \$ _____
					Can the person who accepted this check positively identify the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	_____	_____	If yes, what amount? \$ _____
					Can the person who accepted this check positively identify the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	_____	_____	If yes, what amount? \$ _____
					Can the person who accepted this check positively identify the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	_____	_____	If yes, what amount? \$ _____
					Can the person who accepted this check positively identify the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please staple **Original or Bank-generated Substitute Check(s)** here. Attach a copy of the demand letter that you sent to the check writer to the back of this form.