



Henrico Commonwealth's Attorney's Check Enforcement Program

Check Complaint Form

Henrico Commonwealth's Attorney's
Check Enforcement Program
P.O. Box 90775
Henrico, VA 23273

Submit to:

Contact us at: 1-888-871-9430 or the website at hotchecks.net/henrico

VICTIM INFORMATION

Company Name _____ Merchant Program No. _____

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 Commonwealth's 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

- Agree-to-hold checks
- Checks over \$200.00
- Refer-to-maker checks
- Checks older than 120 days
- Two-party checks
- Stop payment checks
- Post dated, pre-dated or altered 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? 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	_____	_____	If yes, what amount? \$ _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	_____	_____	If yes, what amount? \$ _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	_____	_____	If yes, what amount? \$ _____

Can the person who accepted this check positively identify the check writer? Yes No

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