



Lane County District Attorney's
Check Enforcement Program

Check Complaint Form

Submit to:

District Attorney's
Check Enforcement Program
125 East 8th Avenue - Room 400
Eugene, OR 97401-2926

Contact the Check Enforcement Program at: **1-888-628-7686** or visit the website at: **hotchecks.net/Lane**

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 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:

IMPORTANT It is important to establish positive ID. This 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 checks
- Stop payment checks
- Post dated, pre-dated or altered checks
- Agree-to-hold checks
- Two-party checks
- Refer-to-maker checks
- Checks passed outside county
- Checks older than 90 days
- Checks as payment on an open account

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

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