



Office of the Commonwealth's Attorney  
**Check Enforcement Program**

**Check Complaint Form**

Commonwealth's Attorney's  
 Check Enforcement Program  
 400 North 9th Street  
 Richmond, VA 23219

**Submit to:**

Contact us at: **1-888-454-8994** or the website at **hotchecks.net/Richmond**

**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
- Counterfeit or Forged checks
- Refer-to-Maker checks
- Checks older than 90 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

Was photo ID	Ck. No.	Date passed	Amount	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

Was photo ID	Ck. No.	Date passed	Amount	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

Was photo ID	Ck. No.	Date passed	Amount	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

Was photo ID	Ck. No.	Date passed	Amount	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.