



San Diego County District Attorney's Check Enforcement Program

Check Complaint Form

Submit to: District Attorney's
Check Enforcement Program
P.O. Box 129011
San Diego, CA 92112

Contact the Check Enforcement Program at: **1-888-240-6495**
or contact the website at: **www.hotchecks.net/sandiego**

VICTIM INFORMATION

Company Name _____ **Program No.** _____
(If an individual, enter your name.)

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

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.

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.

Print Name: _____ Title: _____

Signed: _____ Date: _____

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:

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 passed when both parties knew there were insufficient funds at the time of the transaction
- Two party, stop payment, rent, government or payroll checks
- Checks passed outside San Diego County
- Post dated, pre-dated or altered checks
- Checks written toward a pre-existing debt
- Counterfeit or Forged checks
- Checks older than 120 days
- Agree-to-hold 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
_____	_____	_____ \$	_____	_____
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
_____	_____	_____ \$	_____	_____
Can the person who accepted this check positively identify the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Note: In order to complete this complaint and help us secure restitution on your behalf, you MUST provide a detailed summary regarding the crime on the back of this form, noting 1) the circumstances of your acceptance of the check(s); 2) your efforts to contact the check writer including proof of registered or certified letter(s); and 3) all communication or explanation provided by the check writer.

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.