



Washtenaw County Bad Check Restitution Program

Check Complaint Form

Submit to:

Washtenaw County
Bad Check Restitution Program
Office of the Prosecuting Attorney
P.O. Box 8645
Ann Arbor, MI 48107-8645

Contact the Bad Check Restitution Program at: **1-800-745-3744**
or contact the website at: **www.hotchecks.net/Washtenaw**

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. The undersigned also acknowledges that all payments or offers of restitution on the submitted check(s) shall be referred to the Bad Check Restitution Program.

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 ID _____ 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

Nonqualifying Checks

- Checks passed when both parties knew there were insufficient funds at the time of the transaction
- Stop payment checks
- Post dated, pre-dated or altered checks

- Checks written toward a pre-existing debt
- Counterfeit, Forged or No Account checks
- Refer-to-Maker checks
- Checks older than 90 days
- Checks previously submitted to a collection agency or civil attorney

CHECK INFORMATION

1 Reason check was dishonored: NSF Account Closed Was partial payment accepted? Yes No

Ck. No.	Date passed	Amount	Bank charges incurred	Person who accepted check	If yes, what amount?
_____	_____	\$ _____	_____	_____	\$ _____

✓ Photo ID was checked and verified Can the person who accepted this check positively identify the check writer? Yes No

2 Reason check was dishonored: NSF Account Closed Was partial payment accepted? Yes No

Ck. No.	Date passed	Amount	Bank charges incurred	Person who accepted check	If yes, what amount?
_____	_____	\$ _____	_____	_____	\$ _____

✓ Photo ID was checked and verified Can the person who accepted this check positively identify the check writer? Yes No

3 Reason check was dishonored: NSF Account Closed Was partial payment accepted? Yes No

Ck. No.	Date passed	Amount	Bank charges incurred	Person who accepted check	If yes, what amount?
_____	_____	\$ _____	_____	_____	\$ _____

✓ Photo ID was checked and verified Can the person who accepted this check positively identify the check writer? Yes No

2 Reason check was dishonored: NSF Account Closed Was partial payment accepted? Yes No

Ck. No.	Date passed	Amount	Bank charges incurred	Person who accepted check	If yes, what amount?
_____	_____	\$ _____	_____	_____	\$ _____

✓ Photo ID was checked and verified Can the person who accepted this check positively identify the check writer? Yes No

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