



The Humboldt County District Attorney's  
**Check Enforcement Program**  
 825 5th Street, 4th Floor • Eureka, CA • 95501  
 Phone: (707) 268-2587

For official use:		
INCIDENT NUMBER	VICTIM NUMBER	OFFENDER NUMBER

# CHECK COMPLAINT FORM

Please use a separate form for each check writer.

## VICTIM INFORMATION

Company Name \_\_\_\_\_ Merchant Number \_\_\_\_\_

Person filing this complaint First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

The undersigned states that he/she has actual knowledge of the facts and matter stated above and understands that he/she relinquishes any and all rights of acceptance of restitution unless directed by the Humboldt County District Attorney's Office. The undersigned also understands submitting this complaint may result in criminal charges brought against the check writer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHECK-WRITER INFORMATION

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  M  F

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Other ID \_\_\_\_\_ Type of ID \_\_\_\_\_

It is important to list any additional ID or information that will help in locating the check writer. Please print neatly any information that is illegible on the check. Examples: Bank ID or Check Guarantee Card, Military ID, Social Security Card, California ID Card

## CHECK INFORMATION

Reason check(s) did not clear:

- Insufficient or Non-sufficient Funds  Account Closed  
 No Account  Stop Payment (no "good faith dispute")  
 Refer to Maker/Unable to Locate

**Verified ID:** Verified ID is important for restitution and prosecution. Please indicate whether the person who took the check can positively identify the check writer. Consult Program Guidelines for more information.

Check No.	Date Passed	Value of Goods/Services	Cash Back	Amount of Check	Person who Accepted the Check	Type of ID and No.	ID Verified Y/N
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Location check(s) received if other than main business address: \_\_\_\_\_

List the attempts you have made to collect these check(s): \_\_\_\_\_

### Check Eligibility Check List:

( YES | NO )

- Did the person accepting the check(s) witness the check writer sign the check?
- Did the person accepting the check(s) initial the check as evidence?
- Did the person accepting the check(s) compare the check writer's signature and imprinted check information with photo ID, such as California Driver's License?
- Did the person accepting the check(s) know the check writer?
- Can the person accepting the checks(s) identify the check writer?
- Did the person follow an established company policy in accepting the check(s)?
- Has partial payment been taken on the check(s)?

Please attach ORIGINAL or BANK-GENERATED SUBSTITUTE check(s) Do not staple through signature or identifying information on front or back of check(s)

Submit  
This form to:

The Humboldt County District Attorney's Office  
 Attn: Check Enforcement Program  
 825 5th Street, 4th Floor  
 Eureka, CA. 95501

If you have questions or comments, call:  
 (707) 268-2587

**NOTE:** Please provide a detailed summary regarding the crime on the back of this form, noting the circumstance of your acceptance of the check(s), your efforts to contact the check writer and any other relevant information. Thank You