



BAD CHECK COMPLAINT FORM

TONY RACKAUCKAS
DISTRICT ATTORNEY

FILE COMPLAINT FORMS BY MAIL TO: 806 E. AVENIDA PICO, SUITE I, PMB 340, SAN CLEMENTE, CA 92672
(postal address only)

VICTIM HOTLINE: (949) 369-6120 ■ REFER CHECK WRITERS TO: (800) 931-9352

DATE RECEIVED :

COMPLAINT #:

P L E A S E P R I N T A L L I N F O R M A T I O N I N I N K A N D S I G N O N R E V E R S E S I D E

TO DETERMINE WHETHER YOUR COMPLAINT MAY BE ACCEPTED AS A CRIMINAL MATTER, ANSWER THE FOLLOWING QUESTIONS:

- 1. Was check post-dated at time of acceptance? Yes No
- 2. Does this matter involve a two-party check? Yes No
- 3. Was check received as payment on an account? Yes No
- 4. Were you asked to hold or delay depositing the check (s)? Yes No
- 5. Does the check involve an extension of credit? Yes No

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for the Bad Check Restitution Program. It should be dealt with through small claims court, or turned over for private collection, do not proceed with filing a complaint. If all questions were answered "NO", you may file a bad check complaint by completing the front and back side of this form.

1 SUSPECT	Check writer's full name as written on check										
	Address (s)										
	City			State		Zip		Home Phone #		Other Phone #	
	SS #			Sex	Race	Date of Birth		Age	Height	Hair	Eyes

Staple Documents Here	Driver's License #			State			Other ID			
	Unusual features					Employer (if known)				
	Business Phone			Business Address						
	Has check writer been notified of return item? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:					Was the check handed to you by someone other than check writer? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Address:				

2 CHECKS	Check #	Date of Check	Amount	What was check for ?	Person accepting check	Can person ID check writer ?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

List Additional Checks On Another Form And Attach	What did you write on the check at the time you received it?									
	<input type="checkbox"/> Drivers License # <input type="checkbox"/> Check-Cashing Card # <input type="checkbox"/> Your initials or identification # <input type="checkbox"/> Other _____									
	Has the check writer been notified that the check (s) has been dishonored? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, how? <input type="checkbox"/> Certified Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other If other, describe: Certified Mail Fees: <input type="checkbox"/> Return Item Fees: <input type="checkbox"/>									

3 VICTIM	Victim / Firm Name						Phone	
	Victim Address			City		State		Zip
	Name of person filing						Phone	
	Address where check was accepted if different from the above address							

IMPORTANT: FOLLOW REQUIREMENTS ON THE REVERSE SIDE OF THIS FORM

1. PRIOR TO FILING A BAD CHECK COMPLAINT:

- A. Was the check submitted to a bank?
Yes o No o
If not, please present check and then submit check to the Bad Check Restitution Program.

- B. Was a "Courtesy Notice" sent to the check writer, allowing a ten day grace period to pay off the check (s)? See sample notice →
Yes o No o If no, why not?

- C. Was photo identification (i.e. driver's license, state I.D., check cashing card number, etc.) recorded at the time the check was passed?
Yes o No o If no, why not?

2. FILING THE COMPLAINT FORM:

Victims of bad checks may file a complaint form with the Orange County District Attorney Bad Check Restitution Program, provided there is sufficient information, and that the case meets all eligibility guidelines. The District Attorney's office will seek full restitution for victims wherever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no collection guarantees. "Restitution" refers to the face value of all checks listed in the complaint, along with all reasonable "returned item" charges assessed by the bank (a copy of the bank NSF charge must be included).

- A. **FILL OUT FORM COMPLETELY.** Attach checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, and "RETURNED ITEM" NOTICES FROM THE BANK (WITH FEES).** **(COPY ALL INFORMATION FOR YOUR RECORDS). CHECK MUST BE SUBMITTED WITHIN 90 DAYS OF ACCEPTANCE.**
- B. Mail this form directly to Orange County District Attorney Bad Check Restitution Program. Address listed here →
- C. Once a complaint has been filed: **ALL restitution payments must be collected by the District Attorney's Office.** Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program. (See contact information).

3. AFTER FILING:

- A. If you do not receive restitution within 60 days, contact the District Attorney Bad Check Restitution Program.
- B. If restitution is not received from the check writer, your complaint will be evaluated for criminal prosecution.
- C. **IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT.** This office will retain all checks as a matter of official record. If for some reason the complaint is not prosecutable, the check (s) will be returned at your request for civil collection purposes.

SAMPLE "COURTESY NOTICE"
<p>Date</p> <p>Dear Check Writer:</p> <p>You are hereby notified that a check numbered _____ in the face amount of \$ _____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$25.</p> <p>Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the District Attorney for criminal prosecution.</p> <p>Closing,</p> <p>Your name / address</p>

<p>MAIL ALL CORRESPONDENCE TO:</p> <p>ORANGE COUNTY DISTRICT ATTORNEY BAD CHECK RESTITUTION PROGRAM 806 E. AVENIDA PICO SUITE I, PMB 340 SAN CLEMENTE, CA 92672 (postal address only)</p> <p>VICTIM HOTLINE (949) 369-6120</p>

I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY THAT ALL INFORMATION IN THIS COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Person Filing	Print Name	Date Filed
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