

ATTACH CHECK HERE

Pinal County Attorney

Bad Check Program

Check Transmittal Form

Victim Name _____

Victim Store # _____

ANSWER THE FOLLOWING QUESTIONS FOR EACH CHECK AND ATTACH THE ORIGINAL CHECK

Check Number:	Check Amount:	Date Issued:
Check Writer's Name (Name of person who signed check):		
Check Writer's Address (if different from check):		

Was Check Postdated? Yes _____ No _____

Did the check writer state that he/she had insufficient funds to cover check? Yes _____ No _____

This check was received: _____ In person _____ By mail _____ Other (Explain) _____

WITNESS: Who received/accepted the check? _____

Does the Witness remember receiving this check? Yes _____ No _____

Can the Witness personally recognize the check writer? Yes _____ No _____

Did the Witness compare the check writer to a picture ID and record the ID number on the check? Yes _____ No _____

If yes, type of ID taken and number? _____

(Driver's License number, photo bank card, etc.) _____

Notice was sent to the check writer by: _____ Certified Mail _____ 1st Class Mail _____ Personal Delivery.

Notice was sent (date) _____ No notice was sent to check writer _____.

Is there any other or additional means by which the check writer can be identified or located?

Has check writer ever been employed by you? Yes _____ No _____ Please give as much information as possible:

Is it your business practice to compare identification containing a photograph while the check writer is standing in front of you? Yes _____ No _____

I CERTIFY THAT I HAVE READ ALL OF THE INFORMATION CONTAINED ON THE ABOVE CHECK TRANSMITTAL AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature: _____ Date: _____

If no identification was obtained or can not be made, the Pinal County Attorney will attempt to collect via diversion, but we cannot file a criminal complaint.