

**BOGUS CHECK RESTITUTION PROGRAM  
OFFICE OF DISTRICT ATTORNEY**

**Greg Mashburn**

FIRM CHECK WAS WRITTEN TO

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Telephone \_\_\_\_\_ Zip \_\_\_\_\_

REPORTED BY

Name \_\_\_\_\_

DATE CHECK RECEIVED \_\_\_\_\_

FOR OFFICE USE ONLY

MERCHANT # \_\_\_\_\_

**FILE CHARGES:**

- Misdemeanor
- Felony

Assistant District  
Attorney's Initials \_\_\_\_\_

**CRIMINAL CHARGES  
WERE DECLINED-  
REASON:**

- Checkwriter Cannot Be Identified
- Checkwriter Cannot Be Located
- No Driver's License Number
- No Date of Birth
- Check Was In Payment of an Account
- Check was Post Dated
- 2 Party Check
- Agreement to Hold the Check
- Partial Payment Has Been Accepted
- Other, Specify Below: \_\_\_\_\_

To aid in the prosecution of False and Bogus Check cases, please fill out the following information. NO CHARGES can be filed unless this information is accurately completed.

CAN THE CHECKWRITER BE IDENTIFIED? YES ( ) NO ( )

**CHECKWRITER INFORMATION**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Empl. Phone No. \_\_\_\_\_  
Approximate DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Description: Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Wt. \_\_\_\_\_ Ht. \_\_\_\_\_ Glasses \_\_\_\_\_  
(Driver's license number or Soc. Sec. No.) \_\_\_\_\_  
Other Information: \_\_\_\_\_

**PERSON WHO ACCEPTED CHECK**

Name \_\_\_\_\_  
AMOUNT OF CHECK: \$ \_\_\_\_\_  
AMOUNT OF BANK CHARGE PAID BY YOU (NOT YOUR SERVICE CHARGE): \$ \_\_\_\_\_  
CHECK RECEIVED FOR: Cash \_\_\_\_\_ Merchandise \_\_\_\_\_ Service \_\_\_\_\_  
REASON CHECK RETURNED: Insuff., Account Closed, No Account, Uncollected Funds, Other \_\_\_\_\_

**PLEASE CHECK THE FOLLOWING**

	Yes	No
Has Checkwriter attempted to pay check and bank charges . . . . .	( )	( )
Check was Postdated . . . . .	( )	( )
Partial payments have been accepted . . . . .	( )	( )
Check was in payment of an account . . . . .	( )	( )
Agreement to hold check . . . . .	( )	( )
Check presented to Bank for payment within 30 days . . . . .	( )	( )
Has an attempt been made to notify checkwriter? . . . . .	( )	( )

Specify how notified (Circle One): Phone call, Letter, In Person

**(Staple  
Check  
Here)**

We hereby authorize the District Attorney to institute criminal investigation against the maker of the check. It is understood that **should the Defendant desire to pay the amount of the check, he should be instructed to contact the District Attorney.** Payment of the check may be considered for mitigation or reducing punishment but not basis for dismissal.

Merchant understands that he should not accept payment from the check writer. Doing so by the merchant will undermine the purpose of the statute, make the merchant liable for the fee due under statute and jeopardize their privilege to use the Program.

Date \_\_\_\_\_

Signature \_\_\_\_\_