



# The Solano County District Attorney's Bad Check Restitution Program

P. O. Box 234 • Fairfield, CA • 94533  
Call toll-free (866) 668-4690

For official use: \_\_\_\_\_

## Check Complaint Form

Note: Use a separate form for each check writer

### VICTIM INFORMATION

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

Person who accepted check Mr/Ms \_\_\_\_\_ 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 Solano County District Attorney's Office. The undersigned also understands that submitting this complaint may result in criminal charges being brought against the check writer.

Signed \_\_\_\_\_ 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:

- |  |              |
|--|--------------|
| 1. Did the person accepting the check(s) witness the check writer sign the check?  | (Circle One) |
| 2. Did the person accepting the check(s) initial the check as evidence of witnessing signature?  | Yes No       |
| 3. Did the person accepting the check(s) compare the check writer's signature and imprinted check information with a photo ID, such as a California Drivers License? | Yes No       |
| 4. Did the person accepting the check(s) know the check writer?  | Yes No       |
| 5. Can the person accepting the check(s) identify the check writer?  | Yes No       |
| 6. Did the person follow an established company policy in accepting the check(s)?  | Yes No       |
| 7. Has partial payment been taken on the check(s)?   | Yes No       |

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

Submit this form to: **The Solano County District Attorney's  
Bad Check Restitution Program  
P.O. Box 234  
Fairfield, CA 94533**

If you have questions or comments, call toll free:  
**(866) 668-4690**  
E-mail: **DABadChecks@solanocounty.com**

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