



**OFFICE OF THE DISTRICT ATTORNEY**  
**County of Ventura, State of California**  
**GREGORY D. TOTTEN, District Attorney**  
**NSF CHECK COMPLAINT FORM**

**INSTRUCTIONS:**

**Send original check.**  
**Complete one form for each check.**

**MAIL TO:**

**District Attorney's Office**  
**NSF Check Unit**  
**5720 Ralston Street, Suite 300**  
**Ventura, CA 93003**  
**Telephone: (805) 662-1720**

FILE NO.
CHECK NO.

**PRINT ENTIRE FORM**

Retain a copy of the completed form for your records

At the time of acceptance of the check\* did you (or your employee) obtain the following information from the person passing check:

Full name of suspect \_\_\_\_\_

Home address (not P.O. Box) \_\_\_\_\_

Home phone no. \_\_\_\_\_

Driver's license or DMV ID no. \_\_\_\_\_

Other ID (explain) \_\_\_\_\_

Business address (not P.O. Box) \_\_\_\_\_

Business phone no. \_\_\_\_\_

Imprinted name (Last, First, Middle or Business) on check \_\_\_\_\_

Second imprinted name (Last, First, Middle or Business) on check \_\_\_\_\_

Signer of check (Last, First, Middle) \_\_\_\_\_

Second signer of check (Last, First, Middle) \_\_\_\_\_

**Name, address and home phone number of person receiving check:**

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

**Name, address and home phone number of Victim or Business:**

\_\_\_\_\_ (Store Stamp OK)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

**Location check received if different from above:**

\_\_\_\_\_ (Separate Store Location)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

**\*Note:** This check must have been received for goods, services or cash.

The information was recorded on:  check;  file and referred to on check;  not recorded

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the person who accepted the check witness the maker's signature or endorsement?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the person who accepted the check initial the check as evidence of witnessing the signature? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the person who accepted the check know the suspect?  |

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>Yes</b>               | <b>No</b>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an agreement to hold the check?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this a post-dated check?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this a payment on a preexisting debt?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the person who accepted the check identify the suspect? |

Date check received \_\_\_\_\_

Item(s) purchased \_\_\_\_\_

Amount of cash back \$ \_\_\_\_\_

Total check amount \$ \_\_\_\_\_

Have you made any efforts to contact the person who passed the check, signed the check, and/or the account holder? If so, please list dates, methods and results:

The check in question is submitted for criminal prosecution. Except under unusual circumstances, only checks drawn on banks doing business within the State of California will be accepted for prosecution. By submitting this check for prosecution, I agree NOT to accept restitution from the suspect or his/her agent. I certify that this report is true, accurate and complete to the best of my knowledge.

Date: \_\_\_\_\_

**Name, address and phone number of person filing report:**

Signature and Title \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone no. \_\_\_\_\_