



OFFICE OF THE DISTRICT ATTORNEY
County of Ventura, State of California
CHERYL M. TEMPLE,
ACTING 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

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <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? |

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <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: _____

Signature and Title _____

Name, address and phone number of person filing report:

Name _____

Address _____

City, State, Zip _____

Phone no. _____