



**OFFICE OF THE DISTRICT ATTORNEY
County of Ventura, State of California
ERIK NASARENKO,
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:

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

Full name of suspect

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

Home address (not P.O. Box)

Signer of check (Last, First, Middle)

Home phone no.

Second signer of check (Last, First, Middle)

Driver's license or DMV ID no.

Other ID (explain)

Business address (not P.O. Box)

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

Business phone no.

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

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

Yes No

- Did the person who accepted the check witness the maker's signature or endorsement?
- Did the person who accepted the check initial the check as evidence of witnessing the signature?
- Did the person who accepted the check know the suspect?

Yes No

- Was there an agreement to hold the check?
- Was this a post-dated check?
- Was this a payment on a preexisting debt?
- Can the person who accepted the check identify the suspect?

Date check received

Item(s) purchased

Amount of cash back \$

Total check amount \$

(Store Stamp OK)

Address City Zip

Phone ()

Location check received if different from above:

(Separate Store Location)

Address City Zip

Phone ()

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.