



PINAL COUNTY ATTORNEY'S OFFICE BAD CHECK PROGRAM CRIME REPORT

BAD CHECK PROGRAM ADDRESS:

PO Box #887
Florence, AZ 85132

BAD CHECK PROGRAM CONTACT:

Diversion/Bad Check (520) 866-6895
Fax: (520) 866-5631

ONCE A CHECK IS SUBMITTED TO THE PROGRAM:

Avoid contact with the check writer. Do not accept any payments from the Check Writer. Have the Check Writer contact PINAL COUTNY ATTORNEY'S OFFICE BAD CHECK PROGRAM for payment arrangements

Step 1
Confirm Eligibility

The following types of checks are ineligible for the program:

*Checks passed outside of Pinal County	* Checks altered or suspected of being forged	*Stop payment checks
* Credit card slips or electronic checks	* Postdated or Stale-dated, older than 180 days	*Two-party checks
* Checks issued by a debtor to a credit adjustment company or collection agency		*Checks redeemed by a guarantor

Step 2
Victim Information

Victim Information Business Victim? Go to step #3

Victim Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Email (Required) _____

Step 3
Business Victim Information

Legal Business Name: _____

DBA (if applicable): _____ Store # _____

Business Mailing Address: _____

Physical Address (if different) _____

Phone: _____ Fax: _____

Type of Business: _____ Business owners name: _____

Email (Required) _____

Contact Person: _____ Title: _____

Their Phone: _____ Their Email: _____

RESTITUTION CHECKS: Payable to: _____

Mailing Address: _____

Step 4
Check Information

<u>Check #</u>	<u>Date Passed</u>	<u>\$ Amount</u>	<u>Name of person Accepting Check</u> <small>(if no longer employed please list manager)</small>	<u>Can person ID Check writer?</u>	
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO

Address where check was accepted (if different than in Step 2 or 3) _____

City: _____ State: _____ Zip code: _____

**Step
5
Check
Writers
Information**

Check Writers Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Hair Color: _____

Physical Description and or other names used, family/friends, etc.: _____

A "Demand Letter" must be sent to recover the bad check(s) in question to the check writer via U.S Certified Mail (including return receipt) or regular mail (affidavit of mailing required.) If no attempt has been made, the check is not eligible for prosecution. (See Sample Demand Letter in Guide Book)

Driver's License # / Other ID #: _____

State: _____

Date of Birth: _____

Social Security # _____

Car License# _____

Other: _____

**Step
6
Victim
Verification
Sign & Date**

- I will not accept direct payment from the check writer after filing this report with the Program. Please refer check writer to (520) 866-6895.
- I understand that the check writer has the option to dispute this claim in writing with the Pinal County Attorney's Office Bad Check Program.
- If this crime report is not completely filled out it may prevent or delay this case from moving forward for prosecution review.
- I attest that I have sent a demand letter to the check writer via U.S. Certified including return receipt or by regular mail, with affidavit of mailing, and after 17 days for Class 1 Misdemeanor - \$5000.00 or less, or 65 days for Class 6 Felony - \$5000.00 or more) days it remains unpaid.
- I have reviewed the filing instructions and I hereby affirm and attest under penalty of perjury, that all information provided on this Bad Check Program Report is true to the best of my knowledge.

Signature of Person Filing (Required)

Print name of Person Filing

Date

ATTACH ORIGINAL OR BANK-GENERATED SUBSTITUTE CHECK HERE

MAKE SURE TO INCLUDE COPIES OF THE FOLLOWING ITEMS:

- DEMAND LETTER
- PROOF OF MAILING DEMAND LETTER
- AFFIDAVIT OF MAILING DEMAND LETTER IF MAILED REGULAR FIRST CLASS
- WITNESS FORM

MAIL TO: PINAL COUNTY ATTORNEY'S OFFICE, BAD CHECK PROGRAM
PO BOX #887
FLORENCE, AZ 85132