



PINAL COUNTY ATTORNEY'S OFFICE
BAD CHECK PROGRAM
WITNESS FORM

BAD CHECK PROGRAM ADDRESS:

PO Box #887
Florence, AZ 85132

BAD CHECK PROGRAM CONTACT:

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

INSTRUCTIONS: Please read the **GUIDEBOOK** before completing this form. Incomplete Witness Statements may be returned to you.

USE ONE FORM FOR EACH CHECK SUBMITTED

Print all information in ink and sign below.

Please answer ALL the following questions

	No	YES
1. Was this check presented to a financial institution more than 30 days after the check's date?		
2. Was the check post-dated at the time of acceptance?		
3. Does this matter involve a dual-signature or two-party check?		
4. Was the check received as partial payment towards a grand total for goods or services?		
5. Were you asked to hold or delay depositing the check?		
6. Does the check involve a loan (informal or formal) or an extension of credit?		
7. Have you received a civil judgment in your favor involving this check?		
8. Is the check dated more than two (2) years ago?		
9. Was the check assigned by a payee to a guarantor?		

A "YES" answer to any of the above questions indicates this is a Civil Matter, ineligible for this program
All "NO" answers, please proceed with answering all questions on this form.

Check Number: _____ Amount: \$ _____ Date Issued: _____

Address where check was passed/accepted: _____

How was check received? In person Mail Drop Box COD for purchase USPS/Express

Date Demand for Payment Notice sent: _____

Demand for Payment Notice was sent by: Certified mail First Class Mail* Personal Delivery

*If sent by First Class mail, also include an Affidavit of mailing.

EMPLOYEE/WITNESS who accepted check: _____

Address: _____ City: _____ State: _____ Zip code: _____

Work Phone: _____ Email: _____

Can you verify this as the check you accepted YES NO Because of: () Deposit Stamp on back () Witness Initials
() Witness Handwriting () Other _____

Did you record Driver's License # or Arizona ID # on the check? YES NO # _____

Is it your normal practice to compare Photo ID with the check writer standing in front of you? YES NO

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Witness Signature: _____ Print Name: _____ Date: _____

If Witness no longer employed: Authorized Agent name: _____

Authorized Agent Signature _____ Date: _____