



# BAD CHECK COMPLAINT FORM

## LOS ANGELES COUNTY DISTRICT ATTORNEY

12/03/2012

**Bad Check Program Address:**  
P.O. Box 86407  
Los Angeles, CA 90086-0407

**Bad Check Program Contact:**  
(800) 842-0733 - Victim Hotline  
(800) 269-0206 - Check Writer Hotline

For more information: [da.lacounty.gov/badcheck.htm](http://da.lacounty.gov/badcheck.htm)

### Step 1

Confirm Eligibility

- |   |                              |                             |               |
|---|------------------------------|-----------------------------|---------------|
| 1. Was check post-dated at the time of acceptance?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initial _____ |
| 2. Does this matter involve a two-party check?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initial _____ |
| 3. Was check received as a payment on an loan account?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initial _____ |
| 4. Were you asked to hold or delay depositing the check(s)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initial _____ |
| 5. Does the check involve an extension of credit?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initial _____ |

\* If any of the above are checked "Yes", the check is ineligible for the program. See the back page for an ineligible list.

### Step 2

Victim Information

Victim/Merchant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Victim Contact Information: (Required) Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

- Email and/or fax are required for acknowledgement receipt of check and/or Program communication**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If assessed a bank charge(s) for the attached bad check(s) please state the amount of the bank charge per check

\$ \_\_\_\_\_ (Per California Penal Code 1001.65 (c) you are eligible to be reimbursed up to \$15 per check for assessed bank charges.)

### Step 3

Check Writer Information

Check Writer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License # / Other ID #: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Other ID: (if applicable) \_\_\_\_\_

"Courtesy Notice" must be sent to recover the bad check(s) in question. If no attempt has been made, the check may not eligible for prosecution. ( See courtesy notice on back.)

### Step 4

Check Information

| <u>Ck. No.</u> | <u>Date Passed</u> | <u>\$ Amount</u> | <u>Name of person accepting check</u><br><small>(if no longer employed please list manager)</small> | <u>What was the Check for?</u> | <u>Can the check writer be identified?</u>               |
|----------------|--------------------|------------------|---|--------------------------------|--|
| _____          | _____              | _____            | _____   | _____                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____          | _____              | _____            | _____   | _____                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____          | _____              | _____            | _____   | _____                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Address where check was accepted (if different than Step 2): \_\_\_\_\_ (Required)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Step 5

Victim Verification

Sign & date

- I will not accept direct payment from the check writer after filing this form with the Program. Please refer check writer to (800) 269-0206.
- I understand that the check writer has the option to dispute this claim in writing with the Bad Check Program.
- If this complaint form is not completely filled out it may prevent or delay this case from moving forward for prosecution review.
- I attest that I have sent courtesy notice to the check writer and after 10 days it remains unpaid.
- I have reviewed the filing instructions, I hereby affirm and attest under penalty of perjury, that all information provided on this complaint form is true to the best of my knowledge.

X \_\_\_\_\_  
Signature of Person Filing (Required) Print Name of Person Filing Date Filed

Additional complaint forms are available at: [da.lacounty.gov/badcheck.htm](http://da.lacounty.gov/badcheck.htm)

Staple original or bank-generated substitute check here

## Sample "Courtesy Notice"

Date

Dear Check Writer:

You are hereby notified that a check numbered \_\_\_\_\_ in the face amount of \$ \_\_\_\_\_, issued by you on \_\_\_\_\_ drawn upon \_\_\_\_\_ bank, and payable to \_\_\_\_\_, has been dishonored. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$ \_\_\_\_\_, the total amount due being \$ \_\_\_\_\_.

Unless this amount is paid in full within the time specified above, we may turn over the dishonored check and all other available information relative to this incident to the District Attorney's Office for potential criminal prosecution.

Closing,

Your name/address

### Bad Check Program Information

As a victim of a bad check you may file this form with the Los Angeles County District Attorney, provided there is sufficient information, and that the check meets all eligibility guidelines. The Los Angeles County District Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that the Bad Check Restitution Program can make no recovery guarantees. By submitting the check to the program you surrender control of the check to criminal process and forego the opportunity to pursue civil debt collections.

Check writers are encouraged to make payments in full. Should a partial payment be received, the payment will be allocated between the victim and the Bad Check Program. "Restitution" refers to the face value of all checks listed on this report along with all "stated" bank charges assessed by your bank.

### The following types of checks are ineligible for the program:

- \*Two-party checks
- \*Partially re-paid checks
- \*Fraudulent or stamped lost/stolen/forged
- \*Payroll, credit card or rent checks
- \*Post/pre dated or altered checks
- \*Checks you agreed to hold before depositing
- \*Checks passed outside of Los Angeles County
- \*Checks which are repayment of loan or civil contract agreement

### What to do after my complaint form is filed with the Program

- Please **do not** accept direct payments from check writers. Should the check writer contact you to make payment, refer them to the Check Writer Hotline at (800) 269-0206
- You may contact Victim Services for case updates at (800) 842-0733 anytime.
- Please allow a minimum of 90 days to pursue restitution.
- If the check writer does not comply with the Program, the case may be reviewed for possible criminal prosecution.
- If we are unable to recover restitution and/or the check is not "eligible" for prosecution, you may request the check(s) be returned to pursue a civil remedy.

### Filing Instructions

1. Fill out Complaint Form completely.
2. Attach checks or legal copies of all checks (front and back side of checks) and all supporting documents such as CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "COURTESY NOTICE," "RETURN ITEM" NOTICE FROM THE BANK (WITH FEES).
3. Mail Bad Check Complaint Form and all other correspondence to:  
Los Angeles County Bad Check Restitution Program  
P.O. Box 86407, Los Angeles, CA 90086-0407
4. Once a report has been filed: ALL restitution payments must be coordinated by the District Attorney's Office. Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (800) 269-0206.  
**DO NOT ACCEPT PAYMENT DIRECTLY FROM CHECK WRITER.**