

MARICOPA COUNTY ATTORNEY'S OFFICE CHECK ENFORCEMENT PROGRAM
SUBMITTAL/WITNESS FORM

The purpose of Check Enforcement Program is to assist in collecting funds from checks that were written on accounts with insufficient funds as an alternative to criminal prosecution against the check writer. This program is NOT available to resolve civil contract disputes in situations that cannot be prosecuted under Arizona's bad check laws. If you feel that you are a victim of a fraud, you should contact police to pursue available options.

INSTRUCTIONS: Only submit this form after you mailed a Demand for Payment Notice Letter to the check writer as explained in the Maricopa County Attorney's Office Check Enforcement Guidebook: MaricopaCountyAttorney.org/CEP

Answer ALL questions completely. Use one form for each check being submitted. Please **PRINT** clearly. Questions: 602-372-7300; mcaocheck@mcao.maricopa.gov. **Submit form with a copy of the Demand for Payment Notice Letter to:** Maricopa County Attorney's Office, Check Enforcement Program, 225 West Madison Street, Phoenix, AZ 85003.

Section A: VICTIM (Individual or Business Who Experienced the Loss)

1. **PRINT** Name: _____
2. Address: _____ City _____
State _____ Zip code _____
Phone number: _____ Check one: Home ___ Cell ___ Business/Work ___
3. E-mail address: _____
4. If applicable, legal business name: _____
5. If applicable, DBA: _____
6. If applicable, business address: _____ City _____
State _____ Zip code _____
7. How was this check received?
Check One: In person ___ By mail ___ Drop box ___ COD for purchase ___ USPS/Delivery Service ___
8. Location where check was received:
Address: _____ City _____
State _____ Zip code _____
9. Following the guidelines in the Maricopa County Attorney's Office Check Enforcement Guidebook, did you send the Demand for Payment Notice Letter by Certified Mail? Check one: No ___ Yes ___
10. Date Demand for Payment Notice Letter was sent to the check writer: _____
11. Do you personally know the check writer? Check one: No ___ Yes ___
12. Could you identify the check writer in person? Check one: No ___ Yes ___
13. Was the check signed in your presence? Check one: No ___ Yes ___
14. Can you verify this as the check you accepted? Check one: No ___ Yes ___
15. If "yes" to question 14, how can you identify this as the check you accepted?
Check One: Deposit stamp on the back? ___ Your initials? ___ Other _____

16. Did you record the check writer's driver's license or government-issued ID# on the check at the time you accepted the check? Check one: No ___ Yes ___ If yes, what is the number? _____ State _____

17. Do you have any other information that would identify or locate the check writer? (i.e. DOB, Social Security Number, physical description, car license number, other names used, etc.?)

18. Write a description of the transaction between you and the check writer. What is your understanding of the circumstances of the dishonored check? Attach additional page(s) if necessary.

In addition to the information provided above, it is estimated that the cost to me, over and above the face value of the check itself, caused by the dishonoring of this check and my unsuccessful efforts to collect on the check, is approximately \$25.00.

19. Signature: _____ Date: _____

Section B: WITNESS (Individual Who Accepted the Check)

- **Is the Witness the same individual as the Victim (Section A)? Answer by checking one of the below.**
- **If yes, skip this this Section and go to Section C.** _____
- **If no, please have the Witness complete and sign this Section.** _____
- **If the Witness is not available to complete this Section, the Victim (Section A) must provide this information on behalf of the Witness** _____

1. **PRINT** Witness Name: _____

2. Witness Address: _____ City _____
State _____ Zip code _____

3. Witness Phone number: _____ Check one: Home ___ Cell ___ Business/Work ___

4. Witness E-mail address: _____

5. Do you (or, if completing on behalf of the witness, does the witness) personally know the check writer? Check one: No ___ Yes ___

6. Could you (or, if completing on behalf of the witness, can the witness) identify the check writer in person? Check one: No ___ Yes ___
7. Was the check signed in your presence, (or, if completing on behalf of the witness, was the check signed in the presence of the witness)? Check one: No ___ Yes ___
8. Can you (or, if completing on behalf of the witness, can the witness) verify this as the check you (or the witness) accepted? Check one: No ___ Yes ___
9. If "yes" to question 8, how can you (or, if completing on behalf of the witness, how can the witness) identify this as the check you (or the witness) accepted?
Check One: Deposit stamp on the back? ___ Your initials? ___ Other _____
10. Did you (or, if completing on behalf of the witness, did the witness) record the check writer's driver's license or government-issued ID# on the check at the time you (or the witness) accepted the check?
Check one: No ___ Yes ___ If yes, what is the number? _____ State _____
11. Witness Signature or Victim Signing on Behalf of the Witness:
_____ Date: _____

Section C: CHECK INFORMATION

1. Check number _____ 2. Check amount _____ 3. Date check was issued _____
4. **PRINT** Check Writer's Name (Individual who SIGNED the check):

5. Check Writer's Address (If different from what is on the check, if known):
Address: _____ City _____
State _____ Zip code _____ Phone number: _____

Section D: If You Already Have a Victim ID Number with The Maricopa County Check Enforcement Program, Please Complete the Following:

Victim ID Number _____ Store Number, if applicable _____

STAPLE LEGAL COPY OF CHECK HERE - (A legal copy of a check must be requested from your bank/financial institution. The legal copy is stamped as accepted by a bank/financial institution on or after the date on the check, and the reason for the return of the check.)