

**MARICOPA COUNTY ATTORNEY'S OFFICE CHECK ENFORCEMENT PROGRAM  
VICTIM INFORMATION FORM**

Submit the Victim Information Form with the Submittal/Witness Form if this is the first time you are submitting a check to the Check Enforcement Program. A Victim Identification Number will be assigned and sent to you by mail. If you already have a Victim Identification Number you do not need to complete the Victim Information Form; however, you must write your Victim Identification Number on the Submittal/Witness Form. **You may also submit the Victim Information Form when you wish to update pertinent information.**

Check one: This is my first time submitting a check to the Check Enforcement Program \_\_\_\_\_ or, I need to update pertinent information \_\_\_\_\_. If this is an update, what is your Victim Identification Number? \_\_\_\_\_.

Answer ALL questions completely. Please **PRINT** clearly. Questions: 602-372-7300; mcaocheck@mcao.maricopa.gov.  
**Submit To:** Maricopa County Attorney's Office, Check Enforcement, 225 West Madison Street, Phoenix, AZ 85003

**INDIVIDUAL VICTIM (Not a Business)**

**Print Name:** \_\_\_\_\_  
**Full address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_ **Check one:** Home \_\_\_ Cell \_\_\_ Business/Work \_\_\_  
**E-mail Address:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BUSINESS VICTIM**

**PRINT** Legal business name: \_\_\_\_\_  
DBA (if applicable): \_\_\_\_\_  
Business mailing address: \_\_\_\_\_ **City** \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_ Should the restitution check be mailed to this address?  
Check one: Yes \_\_\_\_\_ No \_\_\_\_\_  
Physical mailing address: (If different from above) \_\_\_\_\_ **City** \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_ Should the restitution check be mailed to this address?  
Check one: Yes \_\_\_\_\_ No \_\_\_\_\_  
Store # (if applicable) \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Type of business: \_\_\_\_\_  
Contact person's name: \_\_\_\_\_  
Title of contact person: \_\_\_\_\_  
Restitution checks should be made payable to: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_