



Sixth Judicial District
Check Enforcement Program

Contact us at **1-888-237-9157** or on our website at **www.hotchecks.net/sixthco**

Check Complaint Form

Submit to: District Attorney's Office
 Check Enforcement Program
 1060 Main Avenue
 Durango, CO 81301

VICTIM INFORMATION

Company Name (If an individual, enter your name.) _____

Address _____

City _____

State _____ **Zip** _____ **Phone** _____

Certain checks are civil rather than criminal issues. Please check this box to verify that no check(s) submitted were post-dated or accepted as payment on an account and that there was no agreement to hold any check.

Merchant Program No. _____

The undersigned states that he/she has actual knowledge of the facts stated below and believes that they are true as presented. Further, the undersigned relinquishes all rights of acceptance of restitution unless directed by the District Attorney's Office.

Print Name _____

Title _____

Signed _____

Date _____

CHECK-WRITER INFORMATION

Name (Last) _____

(First) _____

(Middle) _____ (Suffix) _____

Address _____

City _____

State _____ **Zip** _____ **Phone** _____

Drivers License No. _____

State Where Issued _____

Other Photo ID _____

Date of Birth _____ Male Female

Please list any additional information to help identify or locate the check writer _____

IMPORTANT
 Establish positive ID.

This can be done two ways: (1) if photo ID is verified and noted or (2) the person taking the check can positively identify the check writer. If possible, list the name of the person who can positively identify the check writer for each check below.

Qualifying Checks: Insufficient Funds | Non-sufficient funds | Closed Account | No Account

Non-Qualifying Checks: Checks passed when both parties knew there were insufficient funds at the time of the transaction | Stop Payment checks | Post-Dated, Pre-Dated or Altered checks | Counterfeit or Forged checks | Checks Older than 180 days

CHECK INFORMATION

1 Reason check was dishonored:
 NSF
 Account Closed
 No Account

Ck. No. _____

Date passed _____

Amount \$ _____

Was photo ID verified?

Yes
 No

Person who accepted check _____

List attempts you have made to collect _____

Was partial payment accepted?

Yes
 No

If yes, what amount? \$ _____

Can the person who accepted this check positively identify the check writer?

Yes
 No

2 Reason check was dishonored:
 NSF
 Account Closed
 No Account

Ck. No. _____

Date passed _____

Amount \$ _____

Was photo ID verified?

Yes
 No

Person who accepted check _____

List attempts you have made to collect _____

Was partial payment accepted?

Yes
 No

If yes, what amount? \$ _____

Can the person who accepted this check positively identify the check writer?

Yes
 No

3 Reason check was dishonored:
 NSF
 Account Closed
 No Account

Ck. No. _____

Date passed _____

Amount \$ _____

Was photo ID verified?

Yes
 No

Person who accepted check _____

List attempts you have made to collect _____

Was partial payment accepted?

Yes
 No

If yes, what amount? \$ _____

Can the person who accepted this check positively identify the check writer?

Yes
 No

Please staple **Original or Bank-generated Substitute Check(s)** here. Attach return receipt from your Certified Mail notice to back. If notice was unclaimed, attach that to indicate it was undeliverable.