

**MARICOPA COUNTY ATTORNEY'S OFFICE  
CHECK ENFORCEMENT PROGRAM**

**SUBMITTAL / WITNESS FORM**

Victim ID# \_\_\_\_\_  
Victim Name \_\_\_\_\_  
Store# \_\_\_\_\_

<b>ANSWER ALL QUESTIONS COMPLETELY. USE ONE FORM FOR EACH CHECK BEING SUBMITTED</b>		
CHECK NUMBER	CHECK AMOUNT	DATE ISSUED
CHECK WRITER'S NAME (NAME OF PERSON WHO SIGNED CHECK - PLEASE PRINT CLEARLY)		
CHECK WRITER'S ADDRESS (IF DIFFERENT FROM CHECK)		
WITNESS NAME <u>(MUST BE PRINTED CLEARLY EVEN IF CASHIER IS NO LONGER EMPLOYED THE FULL NAME IS REQUIRED)</u>		
FIRST	M	LAST
ADDRESS INCLUDING CITY AND ZIP CODE (WHERE CHECK WAS PASSED/ACCEPTED)		
BUSINESS PHONE ( )		
WHAT ARE THE MAJOR CROSSROADS TO THIS LOCATION? _____ & _____		
HOW WAS THIS CHECK RECEIVED		
<input type="checkbox"/> IN PERSON <input type="checkbox"/> BY MAIL <input type="checkbox"/> DROP BOX <input type="checkbox"/> COD FOR PURCHASE <input type="checkbox"/> A USPS OR EXPRESS DRIVER		
CAN YOU VERIFY THIS AS THE CHECK YOU ACCEPTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, HOW CAN YOU IDENTIFY THIS AS THE CHECK YOU ACCEPTED?		STAPLE ORIGINAL CHECK 
DEPOSIT STAMP ON THE BACK. _____ YOUR INITIALS _____ OTHER _____		
DID YOU RECORD DRIVER'S LICENSE NUMBER OR ARIZONA ID NUMBER ON THE CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHAT IS THAT NUMBER?		
IS IT YOUR NORMAL PRACTICE TO COMPARE IDENTIFICATION CONTAINING A PHOTOGRAPH WITH THE CHECK WRITER STANDING IN FRONT OF YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU (OR WITNESS) PERSONALLY KNOW THE CHECK WRITER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COULD YOU (OR WITNESS) IDENTIFY THE CHECK WRITER IN A PHOTO LINE UP OR IN COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NOTICE WAS SENT TO THE CHECK WRITER BY    CERTIFIED MAIL    FIRST CLASS MAIL    PERSONAL DELIVERY		
NOTICE WAS SENT (DATE) _____ NOTICES SENT _____ COMMENT :		
DO YOU HAVE ANY OTHER INFORMATION THAT WOULD IDENTIFY OR LOCATE THE CHECK WRITER? (DOB OR SOCIAL SEC #, PHYSICAL DESCRIPTION, CAR LICENSE #S, OTHER NAMES USED, ETC)		

**STAPLE ORIGINAL CHECK HERE**

CHECK OFF HERE IF WITNESS / CASHIER IS NO LONGER EMPLOYED

\_\_\_\_\_  
WITNESS SIGNATURE (IF AVAILABLE)

\_\_\_\_\_  
NAME OF AUTHORIZED AGENT (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE OF PERSON NAMED ABOVE                      DATE

**SUBMIT TO:  
MCAO CHECK ENFORCEMENT PROGRAM  
301 WEST JEFFERSON, 2<sup>ND</sup> FLOOR  
PHOENIX, AZ 85003  
QUESTIONS: (602) 372-7300  
EMAIL MCAOCHECK@MCAO.MARICOPA.GOV**