

# VICTIM INFORMATION FORM (VIC)

IF YOU ALREADY HAVE AN ID NUMBER - KEEP A COPY OF THIS FORM AND USE IT ONLY TO UPDATE YOUR INFORMATION.

IF THIS IS YOUR FIRST TIME TO SUBMIT CHECKS TO THE **CHECK ENFORCEMENT PROGRAM**, PLEASE FILL OUT THIS FORM.  
A VICTIM IDENTIFICATION (VIC) NUMBER WILL BE ASSIGNED AND A THE VIC NUMBER SENT TO YOU VIA MAIL

Today's Date \_\_\_\_\_

Victim ID \_\_\_\_\_

CHANGES TO YOUR EXISTING VICTIM ID#? **YES** **NO**

IS THIS A REQUEST FOR A NUMBER FOR A NEW LOCATION? **YES** **NO**

## **INDIVIDUAL VICTIMS (NOT A BUSINESS)** COMPLETE THE FOLLOWING

YOUR NAME \_\_\_\_\_ DAY TIME TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMAIL \_\_\_\_\_

## **BUSINESS VICTIMS** COMPLETE THE FOLLOWING

LEGAL BUSINESS NAME \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_ STORE # \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHYSICAL ADDRESS (if different) \_\_\_\_\_

MAJOR CROSS STREETS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ EMAIL \_\_\_\_\_

*WHEN WE HAVE QUESTIONS ABOUT YOUR CHECKS OR NEED TO CONTACT YOUR COMPANY*

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

THEIR TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW SHOULD RESTITUTION CHECKS BE MADE

PAYABLE TO \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Do you have multiple locations where checks are accepted? If yes, submit a new VIC cover sheet for each store.

- **Once a check is submitted to the Program avoid contact with the Check Writer**
- **Do not accept any payments. Have Check Writer contact the MCAO office for payment arrangements**
- **Develop and post for employees & customers, a check cashing policy that includes inspecting and recording Picture ID (ID or Drivers License #) on every check**

PLEASE SIGN ACKNOWLEDGING THAT YOU READ THE INFORMATION ABOVE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

HOW DID YOU LEARN ABOUT THE CHECK ENFORCEMENT PROGRAM? \_\_\_\_\_

**THE CHECK ENFORCEMENT PROGRAM - 301 WEST JEFFERSON, 2<sup>ND</sup> FLOOR, PHOENIX, AZ 85003**  
**(602) 372-7300 FAX (602) 372-0014 MCAOCHECK@MCAO.MARICOPA.GOV**