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; mcaochk@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.

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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.)