



MATTHEW J. BALLARD, DISTRICT ATTORNEY

Merchant Complaint Form

The Bogus Check Restitution Program for the 12TH Prosecutorial District requires that victims register and keep updated information with our office. This information ensures accurate payment of funds, which are recovered for you. We thank you for your time and appreciate your help.

This information is to be used only by the District Attorney's Office for the purpose of managing bogus checks that have been turned over to our office for collection.

Business name _____ Store # _____
Physical Address of Business _____ County _____
Mailing Address of Business _____ (Where check was accepted)
City _____ State _____ Zip Code _____
Phone # _____ Name and phone # of person who accepted the
check _____

Check Writer:

Name _____ DOB: _____ Male ___ Female ___
Address _____
City _____ State _____ Zip Code _____
Driver's License # or SSN _____ State of Issue _____ (Please provide copy of ID)
Phone # (Home/Work) _____ (Mobile) _____

Check # _____	Check # _____	Check # _____	Check # _____
Date _____	Date _____	Date _____	Date _____
Amount _____	Amount _____	Amount _____	Amount _____

1. Was the check post-dated?..... Yes ___ No ___
2. Was the check in payment of a charge or credit account?..... Yes ___ No ___
3. Was there an agreement to "hold" the check?..... Yes ___ No ___
4. Have you received any payment on this check(s)?..... Yes ___ No ___
5. Do you wish to prosecute on this matter?..... Yes ___ No ___
6. Is there a witness who can identify the check writer?..... Yes ___ No ___

I certify that this check is not a post-dated check, hold check, or a two-party check. I further agree that once this form is submitted to the District Attorney's Office with the original copy of the check, all payments by the check writer must be paid directly to the District Attorney's Office, Bogus Check Restitution Program. This program is funded through District Attorney Fees paid by the check writer and therefore, available to the merchants absolutely free of charge. Payment cannot be accepted by the merchant once the check has been turned into our office. Merchant understands that it is the merchant's responsibility to inform the Bogus Check Restitution office of any change in the merchant's mailing address and telephone number. Failure to provide said information might result in the inability to forward restitution payments for the merchant, therefore, any restitution payments received by the Bogus Check Restitution Program which are not collected by the merchant within (1) year from the date said funds were dispersed by the District Attorney shall be forfeited to the District Attorney's Office.

PRINT NAME

SIGNATURE

DATE

Please Remit To:

**B.C.R.P., District 12
200 S LYNN RIGGS
CLAREMORE OK 74017**