

**BOGUS CHECK RESTITUTION PROGRAM
TOMMY HUMPHRIES
DISTRICT ATTORNEY**

Grant County
112 E. Guthrie, Room 201
Medford, Oklahoma 73759
(580) 395-2156

FOR OFFICE USE ONLY/ DATE RECEIVED:

Prior/Pd _____
Current _____
Letter _____
Past Due _____
Return _____
Charge _____

VICTIM INFORMATION

(Merchant or Individual Reporting the Offense)

Business/Name _____
Owner/Manager(Print Name) _____
Tax ID# or Social Security Number _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Email _____
Would you like for restitution checks to be sent to the address above?
If not, please provide an alternate address:
Address _____
City _____ State _____ Zip _____

Please fill in ALL information completely and accurately to avoid delay in handling.

CHECK WRITER INFORMATION

Check Writer's Name _____ Telephone _____
Address _____ City/State _____ Zip _____
Employer _____ Employer Telephone _____
Driver's License No. _____ Soc. Sec. No. _____ Date of Birth _____

IMPORTANT! PERSON WHO ACCEPTED CHECK **Current Employee** **No Longer Employed**

Name (Please print) _____ Telephone _____
Address _____ City/Zip _____

****CAN CHECK WRITER BE PERSONALLY IDENTIFIED? YES NO If yes, please describe:**
Sex _____ Race _____ Age _____ Glasses _____
Hair Color _____ Eye Color _____ Weight _____ Height _____ ID TYPE _____

► **DID YOU:** (Please fill out 1-4 even if you cannot PERSONALLY IDENTIFY) (Circle)

- | | | |
|--|-----|----|
| 1) REQUIRE IDENTIFICATION WHEN TAKING THE CHECK | YES | NO |
| 2) PERSONALLY WRITE THE ID INFORMATION ON THE CHECK | YES | NO |
| 3) PERSONALLY COMPARE PERSON TO PHOTO ID AND DETERMINE SAME PERSON | YES | NO |
| 4) PERSONALLY COMPARE SIGNATURE ON CHECK AND ID AND DETERMINE SAME PERSON | YES | NO |

Date of check _____ Amount of check \$ _____ Check No. _____ Amount of bank charge \$ _____
(Attach proof)

Check received for: Cash _____ Merchandise _____ Service/Labor _____ Rent _____ Food _____ Lodging _____ Other _____
Reason check returned: Insufficient _____ Account Closed _____ No Account _____ Uncollected Funds _____ Other _____

Was check passed in Grant County? YES NO

Was there any agreement to hold check prior to cashing? YES NO

Was there any agreement to allow a post-date on the check? YES NO

Has partial payment been made toward this check? YES NO

How many times was check presented to bank? _____

After returned, did you call the bank to see if it would clear? YES NO

If so, please document _____

Any effort to contact check writer? Letter Phone Email/Text

Document any communication with check writer (attach any other documents related to this check):

(STAPLE CHECK OR LEGAL COPY OF CHECK HERE)

We hereby authorize the District Attorney to institute a criminal investigation against the maker of the check. It is understood that **should the check writer desire to pay the amount of the check, he should be instructed to contact the District Attorney.** Payment of the check may be considered in mitigation for reducing punishment but it is not a basis for a dismissal of a criminal charge.

Victim understands that he should not accept payment from the check writer. By doing so the victim will undermine the purpose of the statute and jeopardize the privilege to use the program.

Date _____ Signature _____

VICTIM (Individual Reporting the Offense)

If BCRP is unable to collect and/or file charge: Keep the check(s) for future attempts Return check(s) to me