

# SHASTA COUNTY DISTRICT ATTORNEY'S OFFICE NSF CHECK REPORT



Note any changes in Maker's home address and/or work address or telephone

**MAIL TO: SHASTA COUNTY DISTRICT ATTORNEY**  
**Bad Check Unit**  
**1355 West Street**  
**Redding, CA 96001-1632**

Telephone: 530-245-6335

Reqd. for prosecution

- |  |   |
|--|---|
| <p>Yes No<br/> <input type="checkbox"/> <input type="checkbox"/> <b>Did the person who received check witness check writer's signature or endorsement?</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Did the person who received check initial check as evidence of witnessing signature?</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Was the check writer's CDL verified?</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Was the check writer known to the person accepting the check?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was the check received through the mail?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was the check PRE- or POST-DATED at time of acceptance?</p> | <p>Yes No<br/> <input type="checkbox"/> <input type="checkbox"/> Does this matter involve a TWO-PARTY check?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was the check received in Shasta County?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was there an agreement to hold this check?</p> <p><input type="checkbox"/> <input type="checkbox"/> Did the check writer return the goods purchased with the bad check?</p> |
|--|---|

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 Check #      Date of Check      Amt. Of Check

Bank Fees: \_\_\_\_\_ (actual)

**PLEASE PRINT ALL INFORMATION AND SIGN BELOW**

**STAPLE ORIGINAL CHECK HERE**

LAST NAME OF CHECK WRITER _____	FIRST _____	<b>NOT NECESSARY</b>	INITIAL _____
ADDRESS _____			
CITY _____		<b>IF IMPRINTED</b>	
DRIVER'S LICENSE # _____		<b>ON CHECK</b>	
Please provide additional information about the check writer (if known) _____			
Employer _____			
Signer of Check (Last, First, Middle) _____			
Business Address (not PO Box) _____			
Business Phone Number _____			
Note additional information, ie. New phone, address, military ID _____			

Name of person actually receiving check \_\_\_\_\_

Name, Address, Phone of merchant or victim receiving check \_\_\_\_\_

(store stamp okay) \_\_\_\_\_

Owner's name and residence phone \_\_\_\_\_

How did you notify the check writer?    \_\_\_ mail    \_\_\_ phone    \_\_\_ other (briefly explain) \_\_\_\_\_

The check in question is pre-criminal prosecution. By submitting this check for prosecution, **I AGREE NOT TO ACCEPT RESTITUTION FROM THE CHECK WRITER OR HIS/HER AGENT.** I certify that this report is true, accurate, and complete to the best of my knowledge. Checks will be retained as evidence for three years from the date written on the check and thereafter will be destroyed. If you wish the check(s) returned, please contact this office in writing prior to the destruction date. If prosecution is not possible and you wish to pursue civil proceedings, this check will be returned to you.

Date: \_\_\_\_\_ Signature and Title: \_\_\_\_\_