

SUPPLEMENTAL ADDITIONAL CHECKS ON SAME SUBJECT

MAIL TO: **Shasta County District Attorney
Bad Check Unit
1355 West Street
Redding, CA 96001-1632
Telephone: (530) 245-6335**

Name, address, and _____
phone # of Victim or _____
business _____
(store stamp OK) _____
(Please print) _____
Phone () _____

1) _____
CHECK NO. CHECK DATE CHECK AMOUNT

BANK FEES: _____ (actual)
ACCEPTOR: _____
WORK PHONE: _____

Staple Original Check Here

- Yes No**
- Did the person who received check witness the check writer's signature or endorsement?
- Did the person who received check initial the check as evidence of witnessing signature?
- Was the check writer's CDL verified?
- Was the check writer known to the person accepting the check?
- Was the check received through the mail?
- Was the check PRE-or POST-DATED at time of acceptance?

- Yes No**
- Does this matter involve two-party checks?
- Was the check received in Shasta County?
- Was there an agreement to hold this check?
- Did the check writer return the goods purchased with the bad check?

Additional Information _____

2) _____
CHECK NO. CHECK DATE CHECK AMOUNT

BANK FEES: _____ (actual)
ACCEPTOR: _____
WORK PHONE: _____

Staple Original Check Here

- Yes No**
- Did the person who received check witness the check writer's signature or endorsement?
- Did the person who received check initial the check as evidence of witnessing signature?
- Was the check writer's CDL verified?
- Was the check writer known to the person accepting the check?
- Was the check received through the mail?
- Was the check PRE-or POST-DATED at time of acceptance?

- Yes No**
- Does this matter involve two-party checks?
- Was the check received in Shasta County?
- Was there an agreement to hold this check?
- Did the check writer return the goods purchased with the bad check?

Additional Information _____

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 criminal proceedings, the check will be returned to you.

Date: _____ Signature and Title _____

Please print name, address, and phone number of person filing report. Name: _____
Address: _____
City, State, ZIP: _____
Phone No. _____