

**STAPLE CHECKS AND BANK FEE
VERIFICATION
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. Doing so by the victim will undermine the purpose of the statute and jeopardize the privilege to use the program.

D a t e _ _ _ _ _

S i g n a t u r e _ _ _ _ _
VICTIM

**BOGUS CHECK RESTITUTION PROGRAM
EMILY REDMAN
DISTRICT ATTORNEY**

Bryan, Atoka, Coal County
117 North 3rd
Durant, Oklahoma 74701
(580) 924-2987 or 877-865-3665 Fax (580) 924-3596

FOR OFFICE USE ONLY/ DATE RECEIVED:

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

VICTIM INFORMATION

(Merchant or Individual Reporting the Offense)

Business/Name _____

Manager/Owner (Print Name) _____

Tax ID# or Social Security Number _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

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 _____

PERSON WHO ACCEPTED CHECK

Current Employee

No Longer Employed

Name (Please print) _____ Telephone _____

Address _____ City _____

****CAN CHECK WRITER BE IDENTIFIED?**

YES [] NO []

If yes, please describe: Sex _____ Race _____ Glasses _____

Hair Color _____ Eye Color _____ Weight _____ Height _____

Did you require identification when taking the check? Yes No ID Type _____

Did you **personally** write the ID information on the check? Yes No

*****Without Identification of the check writer the case can not be prosecuted by the victim*****

CHECK INFORMATION

Date of check _____ Amount of check \$ _____ 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 _____

Notice to check writer: Letter _____ Phone _____ Please document any communication with the check writer:

I certify that the check was NOT a postdated check, a payment on an account, a credit item, a counter draft or a third party check, that there was no agreement to hold the check and that no payments have been accepted toward it.

Date _____

Signature _____

PERSON WHO ACCEPTED CHECK

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