

**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