CALAVERAS COUNTY DISTRICT ATTORNEY

BAD CHECK REFERRAL FORM

891 Mountain Ranch Road
San Andreas, CA 95249
(209) 754-2867

Step 1
Confirm Eligibility

This check was passed in Calaveras County ☐ Yes ☐ No

I have sent a Courtesy Notice to the check writer ☐ Yes ☐ No
(See sample Courtesy Notice on back)

It has been 10 days since mailing ☐ Yes ☐ No

It remains unpaid ☐ Yes ☐ No

NOTICE

The following types of checks are not eligible for referral:

✓ Two party
✓ Partially re-paid
✓ Post/Pre dated
✓ Payroll, credit card, or rent
✓ Checks that were held before depositing per agreement

STOP

If you answered "NO" to any of the above questions, your check is not eligible for referral.

Step 2
Victim Information

Victim/Merchant Name: _____

Mailing Address: _____ City: _____ State: ____ Zip_____

Physical Address: _____City: _____ State : ____ Zip _____
(Address where check was accepted)

Contact Name: _____ Title: _____

Contact Info (Required) Email:_____

Phone: (_____) _____Fax: (_____) _____

Step 3
Check Writer Information

Check Writer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Other Phone: (_____) _____

Driver License #/Other ID #:

_____

State: _____
Date of Birth: ____/____/____

Other ID (if applicable)

_____

Step 4
Check Information

Check No.:	Date Passed:	$ Amount:	Name of Person Accepting Check:	Can this person ID Check Writer?
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No

If you have been assessed a bank charge(s) for the attached bank check(s), please state the amount of the bank charge per check.

$_____ (Per California Penal Code §1001.65(c) you are only eligible to be reimbursed up to $15 per check.)

Step 5
Victim Verification & Signatures

- ***I will not accept direct payment from the check writer after filing this bad check referral form.***
- ***I will refer check writer to (209) 754-2867.***
- ***I understand that the check writer has the option to dispute this claim in writing with the District Attorney's Office.***
- ***If this bad check referral form is not completely filled out, it will prevent or delay a prosecutor's review.***
- ***I attest that I have sent a Courtesy Notice to the check writer and after 10 days it remains unpaid.***
- ***I have attached a copy of the Courtesy Notice, check(s), and transaction receipt or invoice (if applicable).***
- ***I hereby affirm and attest under penalty of perjury, that all information provided on this bad check referral form is true to the best of my knowledge.***

***X*_____ _____ _____**

Signature of Person Filing (Required) ***Print Name of Person Filing*** ***Date Filed***