

OFFICE OF THE DISTRICT ATTORNEY
Ninth Judicial District
Serving Garfield, Pitkin, and Rio Blanco Counties

Jefferson J. Cheney
District Attorney

109 Eighth Street, Suite 308
Glenwood Springs, Colorado 81601

Telephone: 970-945-8635
Facsimile: 970-945-1304

Bad Check Program Report

Step 1: Confirm Eligibility

The following requirements are necessary for the DA's Office to be able to provide assistance to victims of bad checks:

- The check(s) must have been tendered inside the 9th Judicial District to a resident or business of the district;
- The passer of the check must have provided photo ID or was known to the victim;
- The person who accepted the check is identifiable and can be available;
- The person or business has attempted and documented at least three collection methods (i.e. calling and letters) and one of the attempts must be by certified letter;
- The original of the check needs to be provided to the DA's Office (or original copies from the bank to include the front and back of the check);
- The check(s) must have been attempted to be deposited to your bank twice and have been stamped as non-sufficient funds (NSF / ISF)
- 30 days must elapse from the date the check was written
- The maker of the check must be 18 years old or older;

The following type of transactions/checks will not be accepted:

- Two-party checks;
- Checks written for repayment of a civil contractual agreement;
- Checks in which money or restitution has been paid towards the bad check;
- Checks written to pay credit cards or other credit type accounts;
- Checks written to pay vendors located outside of the 9th Judicial District;
- Post-dated checks or ones which were agreed to be held before depositing;
- Checks in which the maker placed a stop-payment order on the check;
- Checks issued for an illegal transaction;
- Checks which were refused by a bank for reasons other than NSF/ISF (non-sufficient funds)
- Checks written for less than \$50 will be considered based upon the time availability of our office.

Step 2: Victim Information

Victim/Merchant

Name: _____

Contact Name: _____ Title: _____

Victim Contact Information:

Email: _____ (Required)

Phone:(_____) _____ Fax:(_____) _____

• *Email and/or fax are required for acknowledgement receipt of check and/or Program communication*

Address: _____ City: _____

State: _____ Zip Code: _____

Step 3: Check writer Information:

Check Writer's Name: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip Code: _____
Home Phone:(_____) _____ Other Phone:(_____) _____
Driver's License # / Other ID #: _____ State: _____
Date of Birth: _____/_____/_____
Other ID: (if applicable): _____

Note: Written notice must be sent to recover the bad check(s) in question. If no attempt has been made, the check is not eligible for prosecution. (See courtesy notice on back.)

Step 4: Check Information:

| Check # | Date Passed | \$Amount | Name of Person accepting | Can person ID Check writer? Yes/no |
|---------|-------------|----------|--------------------------|------------------------------------|
| _____ | _____ | _____ | _____ | ____/____ |
| _____ | _____ | _____ | _____ | ____/____ |
| _____ | _____ | _____ | _____ | ____/____ |

Address where check(s) was accepted (if different than in step #2):

Step 5: Victim Verification:

- I will not accept direct payment from the check writer after filing this report with the Program. Please refer check writer to the District Attorney's Office (970-945-8635).
- I understand that the check writer has the option to dispute this claim in writing with the Bad Check Program.
- If this crime report is not completely filled out it may prevent or delay this case from moving forward for prosecution review.
- I attest that I sent notice to the check writer who did not respond after 15 days, and that 30 days have elapsed since the check was written.
- I have reviewed the filing instructions; I hereby affirm and attest under penalty of perjury, that all information provided on this crime report is true to the best of my knowledge.

X _____
Signature of Person Filing (Required)

Print Name of Person Filing

Date Filed