



Merchant Complaint Form
Office of Jack Thorp, District Attorney

The Bogus Check Restitution Program for the 27th Prosecutorial District requires that victims register with our office. This information ensures accurate payment of funds, which are recovered for you. We thank you for your time and appreciate your help.

This information is to be used only by the District Attorney's Office for the purpose of managing bogus checks that have been turned over to our office for collection.

Business name: _____ Store # _____
Physical Address of Business: _____ County: _____
Mailing Address of Business _____ (Where check was accepted)
City: _____ State: _____ Zip Code: _____
OTC # _____ Phone # _____
Name of person who accepted the check & Phone # _____

Check Writer:

Name _____ DOB: _____ Male ___ Female ___
Address _____
City _____ State _____ Zip Code _____
Driver's License # or SSN _____ State of Issue _____ (Please provide copy of ID)
Phone # (Home/Work) _____ (Mobile) _____

Check # _____ Check # _____ Check # _____ Check # _____
Date _____ Date _____ Date _____ Date _____
Amount _____ Amount _____ Amount _____ Amount _____

- 1. Was the check post-dated? Yes ___ No ___
- 2. Was the check in payment of a charge or credit account? Yes ___ No ___
- 3. Was there an agreement to "hold" the check? Yes ___ No ___ If so, until when? _____
- 4. Have you received any payment on this check(s)? Yes ___ No ___
- 5. Do you wish to prosecute on this matter? Yes ___ No ___
- 6. Is there a witness who can identify the check writer? Yes ___ No ___

I certify that this check is not a post-dated check, hold check, payment on a charge or credit account, or a two-party check. I further agree that once this form is submitted to the District Attorney's Office with the original copy of the check, all payments by the check writer must be paid directly to the District Attorney's Office, Bogus Check Restitution Program. This program is funded through District Attorney Fees paid by the check writer and therefore, available to the merchants absolutely free of charge. If payment is accepted and not turned over to the District Attorney's Office, the merchant could be held responsible for the District Attorney's Fees.

PRINT NAME

SIGNATURE

DATE

Please Remit To:

B.C.R.P., District 27
213 W. Delaware, Rm 206A
Tahlequah, OK 74464