

Pima County Attorney's Office
Bad Check Program
VICTIM INFORMATION FORM

INSTRUCTIONS: Please read the **GUIDEBOOK** before completing this form. Incomplete or submissions may be returned. Complete this form the first time you submit a check, unless you change your address.

INDIVIDUAL VICTIM (Not a Business) Complete the following:

Name: _____ Daytime Phone: _____

Mailing Address: _____

Email: _____

BUSINESS VICTIM Complete the following:

Note: If you have more than one location where checks are accepted, submit one VIF per each store.

Legal Business Name: _____

DBA (if applicable): _____ Store #: _____

Business Mailing Address: _____

Physical Address (if different): _____

Telephone: _____ Fax: _____

Type of Business: _____ Email: _____

Business Owner's Name: _____

When we have questions about your checks or need to contact your company:

Contact Person: _____ Title: _____

Their Telephone: _____ Fax: _____

Email Address: _____

Restitution Checks Should be Made:

Payable to: _____

Mailing Address: _____

ONCE A CHECK IS SUBMITTED TO THE PROGRAM:

Avoid contact with the Check Writer. Do not accept any payments from the Check Writer.

Have the Check Writer contact PCAO office for payment arrangements

PROTECT YOURSELF:

Develop and post for employees and customers a check cashing policy that includes inspecting and recording Photo ID (Driver License or ID #) on every check.

Please sign acknowledging that you have read the information above:

Signature Date

Printed Name Title

How did you hear about the Program?

Submit to: PCAO Bad Check Program, P.O. Box 111, Tucson, AZ 85702.
Questions: (520) 740-4100

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