Pima County Attorney's Office
Bad Check Program
WITNESS FORM

INSTRUCTIONS: Please read the GUIDEBOOK before completing this form. Incomplete Witness Statements may be returned to you. USE ONE FORM FOR EACH CHECK SUBMITTED

Please answer the following questions, print all information in ink and sign below.	**NO**	**YES**
1. Was this check presented to a financial institution within 30 days of date of the check?		
2. Was the check post-dated at the time of acceptance?		
3. Does this matter involve a dual-signature or two-party check?		
4. Was the check received as a payment on an account?		
5. Were you asked to hold or delay depositing the check?		
6. Does the check involve an extension of credit?		
7. Have you received a civil judgment in your favor involving this check?		
8. Is the check dated more than two (2) years ago?		
9. Was the check assigned by a payee to a guarantor?		
A "Yes" answer to any of the above questions indicates this is a Civil Matter ineligible for the Program	--	--

Check Number_____ $ Amount_____ Date Issued_____
Address where check was passed/accepted: _____
How was check received? ( ) In person ( ) Mail ( ) Drop Box ( ) COD for Purchase ( ) USPS/Express
Date Demand for Payment Notice sent:_____
Demand for Payment Notice was sent by: ( ) Certified Mail ( ) First Class Mail* ( ) Personal Delivery
*If sent by First Class Mail, also include the Affidavit of Mailing.

Staple ORIGINAL check or certified bank copy and a copy of Demand for Payment Notice

CHECK WRITER Name: _____
Address: _____
Telephone: _____
Any other information that would identify or locate the check writer (DOB, SSN, Physical Description, Car license #, Other names used, Employer, Family/Friend etc):_____

EMPLOYEE/WITNESS who accepted check: _____
Address: _____
Telephone (work): _____ (home):_____

Can you verify this as the check you accepted? ( ) No ( ) Yes—because of:
( ) Deposit stamp on back ( ) Witness Initials ( ) Witness Handwriting ( ) Other_____
Did you record Driver's License Number or Arizona ID Number on the Check? ( ) No ( ) Yes, #_____
Is it your normal practice to compare Photo ID with the check writer standing in front of you? ( ) Yes ( ) No

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

_____ Date_____
Witness Signature

If witness no longer employed: _____
Authorized Agent Name

_____ Date_____
Authorized Agent Signature

Submit to: PCAO Bad Check Program, 32 N. Stone Ave. 2nd Fl, Tucson, AZ 85701. Questions: (520) 724-4100

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