



## Check Enforcement Program

P.O. Box 1059 • Woodstock, IL 60098-1059 Revised: 09/2007

Contact the Check Enforcement Program at 1-815-334-4103 or contact the website at www.mchenrycosao.com

Submit completed form to:

McHenry County State's Attorney's  
Check Enforcement Program  
P.O. Box 1059  
Woodstock, IL 60098-1059

Please staple Original or Bank-generated Substitute Checks(s) here. Attach a copy of the demand letter sent or attach the return receipt from your Certified Mail notice to back. If notice was unclaimed, attach that to indicate it was undeliverable.

### VICTIM INFORMATION

#### Company Name \_\_\_\_\_

The undersigned states that he/she has actual knowledge of the facts stated below and believes that they are true as presented. Further, the undersigned relinquishes all rights for acceptance of restitution unless directed by the State's Attorney's Office.

Certain checks are civil rather than criminal issues. Please check this box to verify that no check(s) submitted were post-dated or accepted as payment on an account and that there was not agreement to hold any check.

Print Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_ or E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### CHECK-WRITER INFORMATION

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M  F

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Where Issued \_\_\_\_\_ Other Photo ID \_\_\_\_\_

**Please list any additional information to help identify or locate the check writer:**

\_\_\_\_\_

#### IMPORTANT

It is important to try to establish positive ID. It can be done two ways: (1) If photo ID is verified and noted or (2) the person taking the check can positively identify the check writer. If possible, list name of the person who can positively identify the check writer for each check listed:

#### Qualifying Checks:

- Insufficient Funds or Non-sufficient funds that have been presented twice for payment
- Closed Account/No Account

#### Non-qualifying Checks:

- Two-party checks
- Stop payment checks
- Post dated, pre-dated or altered checks
- Agree-to-hold checks
- Counterfeit or Forged checks
- Refer-to-Maker checks
- Checks older than 60 days
- Checks as payment on an open account

### CHECK INFORMATION

<b>1</b>	Reason check was dishonored: <input type="checkbox"/> NSF <input type="checkbox"/> Account Closed <input type="checkbox"/> No Account				Was partial payment accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ck. No.	Date passed	Amount	Bank charges incurred	Person who accepted check
		\$ _____	\$ _____		\$ _____
	✓Photo ID was checked and verified <input type="checkbox"/> Can the person who accepted this check positively identify the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what amount?

<b>2</b>	Reason check was dishonored: <input type="checkbox"/> NSF <input type="checkbox"/> Account Closed <input type="checkbox"/> No Account				Was partial payment accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ck. No.	Date passed	Amount	Bank charges incurred	Person who accepted check
		\$ _____	\$ _____		\$ _____
	✓Photo ID was checked and verified <input type="checkbox"/> Can the person who accepted this check positively identify the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what amount?