

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 more than 30 days after the check's date?		
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 11th Floor, Tucson, AZ 85701.
 Questions: (520) 740-4100