SHASTA COUNTY DISTRICT ATTORNEY'S OFFICE
NSF CHECK REPORT

Note any changes in Maker's home address and/or work address or telephone

SHASTA COUNTY DISTRICT ATTORNEY

Bad Check Unit
1355 West Street
Redding, CA 96001-1632

Telephone: 530-245-6335

Reqd. for prosecution

Yes	No	
☐	☐	**Did the person who received check witness check writer's signature or endorsement?**
☐	☐	**Did the person who received check initial check as evidence of witnessing signature?**
☐	☐	**Was the check writer's CDL verified?**
☐	☐	Was the check writer known to the person accepting the check?
☐	☐	Was the check received through the mail?
☐	☐	Was the check PRE- or POST-DATED at time of acceptance?

Yes	No	
☐	☐	Does this matter involve a TWO-PARTY check?
☐	☐	Was the check received in Shasta County?
☐	☐	Was there an agreement to hold this check?
☐	☐	Did the check writer return the goods purchased with the bad check?

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Check #   Date of Check   Amt. Of Check

Bank Fees: _____ (actual)

PLEASE PRINT ALL INFORMATION AND SIGN BELOW

STAPLE ORIGINAL CHECK HERE

LAST NAME OF CHECK WRITER _____ FIRST _____ INITIAL _____

ADDRESS _____ **NOT NECESSARY IF IMPRINTED ON CHECK**

CITY _____ STATE _____

DRIVER'S LICENSE # _____ PHONE _____

Please provide additional information about the check writer (if known)

Employer _____

Signer of Check (Last, First, Middle) _____

Business Address (not PO Box) _____

Business Phone Number _____

Note additional information, ie. New phone, address, military ID_____

Name of person
actually receiving check _____

Name, Address, Phone _____
of merchant or victim _____
receiving check _____
(store stamp okay) _____
Owner's name and residence phone _____
How did you notify the check writer? _____ mail _____ phone _____ other (briefly explain) _____

_____

The check in question is pre-criminal prosecution. By submitting this check for prosecution, **I AGREE NOT TO ACCEPT RESTITUTION FROM THE CHECK WRITER OR HIS/HER AGENT.** I certify that this report is true, accurate, and complete to the best of my knowledge. Checks will be retained as evidence for three years from the date written on the check and thereafter will be destroyed. If you wish the check(s) returned, please contact this office in writing prior to the destruction date. If prosecution is not possible and you wish to pursue civil proceedings, this check will be returned to you.

Date: _____ Signature and Title: _____

Please print the completed form with supporting documentation and drop off at the address below:

SHASTA COUNTY DISTRICT ATTORNEY
BAD CHECK UNIT
1355 WEST STREET
REDDING, CA 96001

Or email:

* if this button does not work for you, please save the form, attach it and send to shastabcu@co.shasta.ca.us