

**WASHOE COUNTY DISTRICT ATTORNEY  
FRAUDULENT CHECK DIVERSION PROGRAM  
(775) 789-7171  
WEBSITE ADDRESS: [www.washoecountv.gov/da](http://www.washoecountv.gov/da)**

**FORM SHOULD BE SUBMITTED TO THE APPROPRIATE LAW ENFORCEMENT AGENCY IN YOUR JURISDICTION**

DATE RECEIVED BY AGENCY:	AGENCY CASE #
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**LAW ENFORCEMENT ONLY: ROUTING INFORMATION (CHECK ONE)**

REPORTING AGENCY:     RENO P.D.     SPARKS P.D.     SHERIFF     UNR P.D.

**PLEASE PRINT ALL INFORMATION AND SIGN BELOW**

<b>1 SUSPECT</b>	LAST NAME		FIRST	INITIAL	PHONE
	ADDRESS				APT. #
	CITY		STATE		ZIP
LIST I.D. USED BY SUSPECT TO PASS CHECK(S)	DRIVER'S LICENSE #		STATE		EXP.
	SOCIAL SECURITY #				D.O.B.

**★ ATTACH ORIGINAL CHECK(S), SIGNED CERTIFIED CARD OR ENVELOPE WITH CERTIFIED COPY ATTACHED TO IT. IN ADDITION, ATTACH ANY NOTES REGARDING COMMUNICATIONS WITH SUSPECT - PHONE, LETTERS. COPY OF DRIVER'S LICENSE OR AFFIDAVIT. ANY SURVEILLANCE IMAGES. ★**

LOCATION WHERE CHECK(S) ACCEPTED IF DIFFERENT THAN BELOW

INDICATE CASH, SERVICES OR PROPERTY EXCHANGED FOR CHECK(S)      DID SUSPECT FILE BANKRUPTCY? IF YES, ATTACH FORM

1. WAS CHECK(S) POST-DATED?     YES     NO      2. DID YOU AGREE TO HOLD CHECK(S)?     YES     NO

TOTAL RETURNED ITEM FEES	CERTIFIED MAIL EXPENSES
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<b>2 CHECK INFORMATION</b>	CHECK #	DATE	AMOUNT	PERSON ACCEPTING CHECK	WITNESSES SHOULD ALWAYS BE ABLE TO IDENTIFY CHECK BY HANDWRITING AND/OR EMPLOYEE'S INITIALS OD EMPLOYEE NUMBER

<b>3 VICTIM (Person Filing)</b>	LAST NAME		FIRST	INITIAL	SSN: DOB:
	VICTIM/FIRM NAME (IF ANY)				PHONE
	VICTIM ADDRESS		CITY		STATE

I have read and understand all filing instructions\*, and herby certify that all information in this complaint is true and accurate to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF PERSON FILING

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**\*FILING INSTRUCTION ON REVERSE SIDE**

## INSTRUCTIONS FOR FILING A FRAUD CHECK COMPLAINT

### I) PRIOR TO FILING A FRAUD CHECK COMPLAINT:

- 1) A "Courtesy Letter" must be sent to the check writer via U.S. Certified Mail (return receipt requested) allowing them a minimum 5 day grace period to payoff the check(s).
- 2) Proper photo identification (i.e. driver's license, etc.; or notarized witness affidavit) must have been recorded at the time the check was passed. Without ID information, it will not be possible to accept a complaint. In lieu of recorded I.D., a notarized witness affidavit should be submitted with the case.

### II) QUALIFICATIONS AND STATEMENT FOR FRAUD CHECK COMPLAINT:

The following information is critical for prosecution. Checks are accepted for criminal prosecution only, not for collection. Read and sign the agreement below, and submit this completed form with the original check(s) and "Return Receipt/Letter." Type or print complete form. Be certain to include any fees incurred as a result of the returned check (certified mailing fees, returned item fees)

- 1) The accepting party must be able to identify the check.
- 2) "Account closed" and "insufficient funds" checks should be submitted after a 5-day certified letter has been mailed to the passer and it has been determined by return of the certified receipt or the returned letter, that the passer will not make good the check.
- 3) No post-dated, "hold" checks or two-party checks (except payroll checks) will be accepted as those are promissory notes and subject to civil collection and not criminal prosecution.
- 4) No checks issued in payment of an installment contract will be accepted as those constitute a "preexisting debt" which is not enforceable by criminal prosecution.
- 5) Checks must have the following to be investigated: valid driver's license or state identification card.

I UNDERSTAND THIS IS AN OFFICIAL DOCUMENT TO BE USED BY THE WASHOE COUNTY DISTRICT ATTORNEY'S OFFICE, AND THE COURTS. I ALSO UNDERSTAND THIS CHECK(S) IS BEING SUBMITTED FOR CRIMINAL PROSECUTION ONLY, AND IF THE MATTER IS BROUGHT TO TRIAL, IT WILL BE NECESSARY FOR THOSE PERSONS HAVING KNOWLEDGE OF THE FACTS TO APPEAR IN COURT.

I DO HEREBY STATE THAT NO ONE HAS ACCEPTED FULL OR PARTIAL RESTITUTION FOR THIS CHECK(S) AS OF THIS DATE, AND I AGREE NOT TO ACCEPT RESTITUTION EXCEPT THROUGH THE DISTRICT ATTORNEY OR THROUGH THE COURT.

I ALSO STATE I HAVE READ AND UNDERSTAND THIS FORM, AND ALL THE FACTS HEREIN HAVE BEEN PERSONALLY CHECKED BY ME AND ARE, TO THE BEST OF MY KNOWLEDGE, TRUE, ACCURATE AND COMPLETE.

I UNDERSTAND THAT IF A CRIMINAL CASE CANNOT BE PROVED, THE CHECK(S) WILL BE RETURNED TO ME.