



Oklahoma County District Attorney
Bogus Check and Restitution Division
 320 Robert S. Kerr, #505 – Oklahoma City, OK 73102
Merchant Complaint Form

The Oklahoma County Bogus Check and Restitution Program require that victims register with our office. This information assures accurate transmittal of recovered funds. Please take a few minutes to complete the form below. If you have any questions please contact our office at 405-713-1698. Thank you for your help.

Note: This information is to be used only by the District Attorney's Office for the purpose of managing bogus checks that have been turned over to us.

Business or Individual Information

Business or Individual name _____ Store # _____

Business Owner's name _____

FEIN _____ Oklahoma Tax Commission # _____

Address _____

City _____ State _____ Zip Code _____

Primary Contacts _____

Telephone: _____ FAX _____ email address: _____

If several business locations are involved, please fill out one form for each location

Mailing address if different from above:

Location Name _____

Primary Contact _____

Address _____

City _____ State _____ Zip _____

Tele. _____ Fax _____

I understand that each check submitted for collection and/or prosecution must be for payment in full for cash, merchandise or something of value received at the time the check was presented to this business. By signing below, I acknowledge that I have not accepted any payment toward the bogus checks listed herein nor is any check I am submitting been involved in a credit transaction of any kind. Our bank account was charged \$_____ for each returned check. I also understand that the District Attorney's office cannot prosecute without a valid identification number and a positive physical identification of the check writer by the person who accepted the check. If the check writer can be positively identified and proper identification was obtained, I am submitting the affidavit of probable cause required to proceed with prosecution, in the event that becomes necessary.

 Store Representative

 Date

1	CHK WRITER'S NAME/ADDRESS WHERE PASSED*	ID NUMBER/D.O.B.	BENEFIT CODE**	CK #'s	AMOUNT of CK
2	CHK WRITER'S NAME/ADDRESS WHERE PASSED*	ID NUMBER/D.O.B.	BENEFIT CODE**	CK #'s	AMOUNT of CK
3	CHK WRITER'S NAME/ADDRESS WHERE PASSED*	ID NUMBER/D.O.B.	BENEFIT CODE**	CK #'s	AMOUNT of CK
4	CHK WRITER'S NAME/ADDRESS WHERE PASSED*	ID NUMBER/D.O.B.	BENEFIT CODE**	CK #'s	AMOUNT of CK
5	CHK WRITER'S NAME/ADDRESS WHERE PASSED*	ID NUMBER/D.O.B.	BENEFIT CODE**	CK #'s	AMOUNT of CK
6	CHK WRITER'S NAME/ADDRESS WHERE PASSED*	ID NUMBER/D.O.B.	BENEFIT CODE**	CK #'s	AMOUNT of CK
7	CHK WRITER'S NAME/ADDRESS WHERE PASSED*	ID NUMBER/D.O.B.	BENEFIT CODE**	CK #'s	AMOUNT of CK
8	CHK WRITER'S NAME/ADDRESS WHERE PASSED*	ID NUMBER/D.O.B.	BENEFIT CODE**	CK #'s	AMOUNT of CK
9	CHK WRITER'S NAME/ADDRESS WHERE PASSED*	ID NUMBER/D.O.B.	BENEFIT CODE**	CK #'s	AMOUNT of CK
* ADDRESS WHERE PASSED IF DIFFERENT FROM ADDRESS ON FRONT PAGE					
**USE M=MERCHANDISE, A=SERVICE & MERCHANDISE, B=CASH & MERCHANDISE, C=CASH					
IF ID WAS ACQUIRED, AFFIDAVIT OF PROBABLE CAUSE MAY BE REQUIRED					