

## Merchant Packet Checklist

1. Download the Merchant Packet from the Oklahoma County District Attorney's Bogus Check and Restitution Office website.
  - a. Each Merchant Packet should contain:
    - i. Merchant Packet Checklist
    - ii. Merchant Registration Form (one per business)
    - iii. Transaction Data Sheet (one per check/transaction submitted)
    - iv. Verified Complaint (one per check/transaction submitted)
    - v. Voluntary Witness Statement (one per check/transaction submitted)
    - vi. Guidelines for the Program and Helpful ID Suggestions
2. MERCHANT REGISTRATION FORM
  - a. The Oklahoma County Bogus Check and Restitution Program require that each business (victim) register with our office.
    - i. Fill out the form completely (one for each business entity)
      - This will assist us in sending you any funds we collect.
    - ii. Sign and date the form
3. TRANSACTION DATA SHEET
  - a. In order to collect or prosecute the check writer, each transaction in which a bogus check was written must be independently documented and the original check included.
    - i. Fill out the form completely (one for each transaction/check)
      - **Checks over \$2,500** require a police report. Contact local law enforcement.
      - Include a copy of the police report or at least the police incident number.
    - ii. Include all contact information
      - This will assist us in locating the check writer or contacting your employee who actually accepted the check in order to testify (if needed).
      - This form will hopefully assist the person who accepted the check remember details about the transaction or at least allow the person to indicate what were the standard business procedure on accepting checks, and if they were followed those procedures for this particular transaction/check.
    - iii. Staple the original check or a verified legal copy of the check
      - Do not use tape! The check will be an official court exhibit (evidence) if prosecution is required to hold the check writer accountable. Tape can interfere or can destruction of the evidence.
4. VERIFIED COMPLAINT (*Probable Cause Affidavit*)
  - a. In order to collect or prosecute the check writer, each transaction in which a bogus check was written must be independently assessed. Individuals who initiate false criminal action against another person can be held liable. This form is to document that the complainant business believes all the included information to be accurate to the best of their knowledge. This summarizes the Transaction Data Sheet for the judge and assistant district attorney.
    - i. Fill out the form completely (one for each transaction/check)
    - ii. Include all contact information
    - iii. Date and sign the affidavit
    - iv. Have the affidavit notarized
5. VOLUNTARY WITNESS STATEMENT
  - a. Since it could take years to get to a preliminary hearing or trial, these written statements are invaluable to assist the memory from things that happened years ago. This form is intended for the individual that actually {physically} assisted and accepted the check from the customer.
    - i. Fill out the form completely (one for each transaction/check)
    - ii. Sign and date the form

6. REVIEW HELPFUL ID SUGGESTIONS

7. Mail or bring the signed and completed **Merchant Registration Form, Transaction Data Sheet** (with the attached original check), and the **Probable Cause Affidavit/Verified Complaint** to the Oklahoma County District Attorney's Bogus Check and Restitution Office at 211 N. Robinson, Ste. N700, Oklahoma City, OK 73102. If you have questions about completing these forms, you can call (405) 713-1698. All forms MUST be signed, completed and returned to the Bogus Check and Restitution Division **within 120 days of the transaction**. Keep a copy of the submitted forms and annotate when mailed/delivered.



Oklahoma County District Attorney  
**Bogus Check and Restitution Office**  
 211 N. Robinson, Ste. N700, Oklahoma City, OK 73102  
**Merchant Registration 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 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's Name \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Store# \_\_\_\_\_

FEIN \_\_\_\_\_ Oklahoma Tax Commission # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Contacts \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

**Mailing Address** to receive Restitution Payments

Business Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Account/Reference Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

- Types of Checks or Transactions NOT Accepted by the OK County Bogus Check Program
- \*ACH Transactions
  - \*Checks for only Services Rendered
  - \*Post-dates Checks
  - \*Two Party Checks
  - \*Stop Payment Checks
  - \*Checks in payment of a prior debt
  - \*Checks for charge/credit accounts
  - \*Checks with an agreement to HOLD the check
  - \*Checks not passed in Oklahoma County

I understand that each check submitted for collection and/or prosecution **MUST** be for payments 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 check submitted to this program, nor is any checks submitted to this program involved in a credit transaction of any kind.** The District Attorney's office cannot prosecute without a valid identification and a positive physical identification of the check write by the person who accepted the check.

I understand that a Transaction Date Sheet (with the Original Check or a verified Legal Copy of the Check attached) and an Affidavit of Probable Cause/Verified Complaint are required for each submitted check. It is understood, that should the check writer (defendant) desire to pay the amount of the check, he/she should be instructed to contact the District Attorney's Office (405) 713-1698. Payment of the check may be considered for mitigation or reducing punishment, but it is not an automatic dismissal of charges.

I, the merchant, understand that I must NOT accept payment from the check writer. Doing so by the merchant will undermine the purpose of the statute, possibly make the merchant liable for the fees under the statute, and jeopardize the merchant's privilege to use the Bogus Check Restitution Program. If a civil judgement is entered, the merchant/person **MUST NOTIFY AND GIVE** a copy of the judgement to the District Attorney's Office within 30 days of filing the civil judgement.

\_\_\_\_\_  
 Store Representative

\_\_\_\_\_  
 Date

**OKLAHOMA COUNTY DISTRICT ATTORNEY'S OFFICE**  
**TRANSACTION DATA SHEET**

To aid in the prosecution of False and Bogus Check cases, please fill out the following information. NO CHARGES can be filed unless information is accurately completed.

**CHECKWRITER INFORMATION-** (At the time the check was written)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

Approximate Age or DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Description: Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Wt \_\_\_\_\_ Ht \_\_\_\_\_ Glasses: YES \_\_\_ NO \_\_\_

Driver's license number or Social Security Number \_\_\_\_\_

**CURRENT INFORMATION (IF DIFFERENT FROM TIME OF CHECK WRITTEN)**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Other Information: \_\_\_\_\_

How do you know the check-writer is truly the person named on the check and ID/Driver's License is not false?

\_\_\_\_\_  
\_\_\_\_\_

**PERSON WHO ACCEPTED CHECK**

Date and location check was accepted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ Social Security# \_\_\_\_\_

Check # \_\_\_\_\_ Amount of Check \$ \_\_\_\_\_

Amount of Bank Charge paid by you (not including your service charge) \$ \_\_\_\_\_

Check Received for: Cash \_\_\_\_\_ Merchandise \_\_\_\_\_ Service \_\_\_\_\_ Describe \_\_\_\_\_

REASON CHECK RETURNED: Insufficient Funds, Account Closed, No Account, Uncollected Funds, Other \_\_\_\_\_

**PLEASE CHECK THE FOLLOWING:**

Was the check passed at a store in Oklahoma County	YES ( )	NO ( )
Is the original or an official copy check attached	YES ( )	NO ( )
Was the check presented to your Bank for payment within 30 days	YES ( )	NO ( )
Did the checkwriter receive (at least some) merchandise	YES ( )	NO ( )
Was the check sent through your Bank twice	YES ( )	NO ( )
Has an attempt been made to notify the checkwriter	YES ( )	NO ( )
Has the checkwriter attempted to pay check and bank charges	YES ( )	NO ( )
Was the check was postdated	YES ( )	NO ( )
Was the check a two party check	YES ( )	NO ( )
Have any partial payments have been accepted	YES ( )	NO ( )
Was the check for payment of a credit account or previous debt	YES ( )	NO ( )
Was there an agreement to hold the check	YES ( )	NO ( )
Was a Stop Payment place by the checkwriter	YES ( )	NO ( )

Specify how you notified the checkwriter (phone call, letter, in person, etc.)

\_\_\_\_\_

If check is great than \$2,500 include police incident number \_\_\_\_\_ Attached:  
YES \_\_\_\_\_ NO \_\_\_\_\_

Business Representative responsible to provide Sales Receipts and/or Records:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**ATTACH ORIGINAL CHECK OR VERIFIED LEGAL COPY OF CHECK**

**-PLEASE STAPLE-**

Staple Only

DO NOT TAPE CHECK

**IN THE DISTRICT COURT OF OKLAHOMA COUNTY  
STATE OF OKLAHOMA**

THE STATE OF OKLAHOMA,	)	
Plaintiff,	)	
	)	
vs.	)	CASE NO. ____-_____
	)	
_____	)	
Defendant.	)	

**VERIFIED COMPLAINT  
(AFFIDAVIT OF PROBABLE CAUSE)**

I \_\_\_\_\_, after being duly sworn, under oath, make the following statement: I have good reason to believe that \_\_\_\_\_  
(Check Writers Name)

Hereinafter called the check-writer, did commit the offense(s) of passing a bogus check.

My belief is based on the following facts: On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in Oklahoma County, Oklahoma, the check-writer passed check number \_\_\_\_\_ in the amount of \$\_\_\_\_\_ in exchange for money or property at:

_____	_____
(Business Name)	(Address Where Passed)
_____	
(City or Town)	

I know, as an employee of the business which received the check, that the person who the check and passed the check was \_\_\_\_\_, who is known and recognized to us, and has done business with us on various past occasions.

The person who accepted the check was \_\_\_\_\_ he/she personally told me all the foregoing facts OR received such check in the regular course of business as shown by business records and by said check, both of which I have personally \ examined.

I have personally examined such check and it shows on its face that it was not honored by the bank through markings place on the check showing that:

(  ) The check writer did not have sufficient funds on deposit with the bank for payment in full of said check; or

(  ) The check was drawn on a closed account; or

(  ) The check was drawn on a non-existent account.

The check was not paid within five days from the date it was presented for payment.

WHEREFORE, the complainant affirms under oath, that the above is true and accurate and that there is probable cause to believe that the above-name person has received money or property by means of a bogus check.

*Providing false information or claims is punishable by law.*

\_\_\_\_\_  
Complainant

SUBSCRIBED AND SWORN to before me by the said Complainant on this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
\_\_\_\_\_

## VOLUNTARY WITNESS STATEMENT

*It shall be unlawful to willfully, knowingly and without probable cause make a false report to any person of any crime or circumstances indicating the possibility of crime having been committed, including the unlawful taking of personal property, which report causes or encourages the exercise of police action or investigation. Any person convicted of violating the provisions of this subsection shall be guilty of a misdemeanor punishable by imprisonment in the county jail for not more than ninety (90) days or by a fine of not more than Five Hundred Dollars (\$500.00), or by both such fine and imprisonment. 21§ 589*

**Business File Number**

**Law Enforcement Incident Number**

**CONTACT INFORMATION**

<b>Name: (Last, First Middle, Suffix)</b>		<b>DOB:</b>
<b>DL/ID (State and Number):</b>		<b>SSN:</b>
<b>Work Address:</b>	<b>Work Phone:</b>	<b>Work Email:</b>
<b>Home Address:</b>	<b>Home/Cell Phone:</b>	<b>Home Email:</b>

**INCIDENT INFORMATION**

<b>Date:</b>	<b>Time:</b>	<b>Location:</b>
<b>Business Position or Reason How and Why You Became Involved With The Situation and/or Suspect(s):</b>		
<b>Is any video or other evidence available:    Yes    No</b>		
<b>Describe:</b>		
<p>I _____ do hereby make the following statement of my own free will and accord regarding the following events: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<i>(Use A Supplemental Sheet[s] If Necessary)</i>		
<b>Witness Signature:</b>	<b>This Statement Was Written On:</b>	

MY SIGNATURE CONSTITUTES THAT THE ABOVE IS TRUTHFUL. I UNDERSTAND THAT KNOWINGLY MAKING FALSE STATEMENTS IS A CRIMINAL OFFENSE AND PUNISHABLE BY LAW.



**VOLUNTARY WITNESS STATEMENT**  
Supplemental Voluntary Statement

**Business File Number**

**Law Enforcement Incident Number**

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**Witness Signature:**

**This Statement Was Written On:**

MY SIGNATURE CONSTITUTES THAT THE ABOVE IS TRUTHFUL. I UNDERSTAND THAT KNOWINGLY MAKING FALSE STATEMENTS IS A CRIMINAL OFFENSE AND PUNISHABLE BY LAW.

## Guidelines for the Program

There is **NO CHARGE** to you or any citizen who receives a bogus check. There **IS** a charge to the check writer.

### How To Use The Program

1. A merchant may use this program immediately upon dishonor of a check.
2. When a check writer does not pay - download the Merchant Packet; sign and fill out the forms completely, include a copy of the bank rejected check, and mail it to the District Attorney's Bogus Check and Restitution Office, 211 N. Robinson, Ste. N700, Oklahoma City, OK 73102, within 120 days of the transaction.
3. Don't allow the check writer to break promise after promise in order to gain extensions. This only allows the bad check writer to change residences and makes collection procedures more difficult.

### Where Does the Check Writer Pay for Checks?

Once the bogus check is in the possession of the District Attorney, **ALL PAYMENTS MUST BE MADE THROUGH THE DISTRICT ATTORNEY'S OFFICE.** If you should encounter the check writer, direct him or her to contact the District Attorney's Bogus Check and Restitution Office at (405) 713-1698.

### Restitution Agreement

When located, if the check writer is unable to make full payment at that time, the District Attorney may allow the check writer to enter into a Restitution Agreement payable over time (but no longer than three [3] years). Please understand that when this happens the merchant will receive what is due them first, then any state fees or court costs will be paid last. Under this plan, the District Attorney may prosecute a check writer who fails to comply with his or her restitution agreement.

## Helpful Suggestions

### 1. ASK FOR IDENTIFICATION.

A Driver's License is a good form of identification. Make sure the name on the Driver's License is the same as the name on the check. Look at the picture. Is it the same person?

You must be able to identify the check writer in case of prosecution.



### 2. INITIAL THE CHECK.

We must know which employee took the check.

### 3. LIST THE FOLLOWING INFO ON THE CHECK:

- \* Driver's License Number and State of Issuance
- \* Date of Birth
- \* Physical Description (height, weight, hair and eye color)
- \* Place of employment (or phone number)

These procedures take a little extra time, but will make a big difference in our ability to serve you. Businesses that do not ask for proper identification are likely to find themselves to be a favorite target of bogus check writers. Previously, checks with numbers below 300 were the majority of bad checks. However, a person can start their check numbers anywhere they want now. With this in mind some banks will print on the check the month and year that the account was opened. Be wary of new accounts.