

OFFICE OF THE DISTRICT ATTORNEY
426 SAN JUAN AVENUE, ALAMOSA, CO 81101
(719) 589-3691

CHECK OFFENSE DESCRIPTION FORM

DATE _____ In what county was check taken? _____

COMPLAINING WITNESS: _____
Name Phone #

Mailing Address City State Zip

PAY TO THE ORDER OF: _____
Name Phone #

Mailing Address City State Zip

CHECK # _____ AMOUNT _____

CHECK WRITER: _____
Name Phone #

Mailing Address City State Zip

IDENTIFICATION USED: _____
Driver's License Other

What was check given for? _____
Did you agree to hold the check? _____
Was the check post-dated? _____

PLEASE NOTE: post-dated checks, payments on account, agreements to hold checks and checks where maker did not receive something in return are not crimes.

Did maker give any statements concerning validity of the check? _____
Can you identify maker? _____
What efforts have you taken to collect this check? _____
Are you willing to testify as to your knowledge of this incident? _____

IMPORTANT - READ CAREFULLY
THE COMPLAINING WITNESS AGREES TO AID IN THE PROSECUTION OF THE CHECK WRITER AND TO COOPERATE FULLY WITH THE DISTRICT ATTORNEY'S OFFICE.

THE COMPLAINING WITNESS FURTHER AGREES NOT TO ACCEPT PAYMENT FOR THE CHECK OR CHECKS LISTED ABOVE, BUT INSTEAD REFERS ANY QUESTIONS TO THE DISTRICT ATTORNEY'S OFFICE.

IF THE COMPLAINING WITNESS OR HIS/HER EMPLOYEE ACCEPTS PAYMENT IT IS AGREED THAT THERE WILL BE A \$25.00 FEE ACCESSED, PAYABLE TO THE DISTRICT ATTORNEY'S OFFICE.

Signature of Complaining Witness _____