



**Yolo County District Attorney**  
**Jeff W. Reisig**  
**Check Prosecution Unit**

301 Second St · Woodland, CA · 95695  
 (530) 666-8200 · [Checks@yolocounty.gov](mailto:Checks@yolocounty.gov)

**CHECK COMPLAINT FORM**  
 Note: Use a separate form for each check writer

**CHECK-WRITER INFORMATION**

**Name** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender M F  
 Address \_\_\_\_\_ Home phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_  
 Other ID \_\_\_\_\_ Type of ID \_\_\_\_\_

**It is important to list any additional ID or information that will help in locating the check writer. Please type/print neatly any information that is illegible on the check. Examples: Bank ID or Check Guarantee Card, Military ID, Social Security Card, California ID Card.**

**VICTIM INFORMATION**

Name of Payee \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Person who accepted check** First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

The undersigned states that he/she has actual knowledge of the facts and matter stated above and understands that he/she relinquishes any and all rights of acceptance of restitution unless directed by the Yolo County District Attorney's Office. The undersigned further understands that submitting this complaint may result in criminal charges being brought against the check writer.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**CHECK INFORMATION**

Reason check was dishonored:

- NSF
- Refer to Maker/Unable to Locate
- Stop Payment
- Account Closed
- Other \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\***  
 Verified ID is important for restitution and Prosecution. Please indicate whether the person who took the check can positively identify the check writer.

Ck. No.	Date passed	Amount	Bank Fee	Was photo ID verified? Y/N	Was partial payment accepted? If yes, what amount?
_____	_____	_____	_____	_____	_____

Person who accepted check \_\_\_\_\_ Can this person positively identify check writer? Yes No

What was the check written for? \_\_\_\_\_

List the attempts you have made to collect these check(s): \_\_\_\_\_

Please attach ORIGINAL or BANK-GENERATED SUBSTITUTE Check(s) to this form.

Submit this form to our email [Checks@yolocounty.gov](mailto:Checks@yolocounty.gov) or mail to:  
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 Woodland, CA 95695