

## SUPPLEMENTAL ADDITIONAL CHECKS ON SAME SUBJECT

**Shasta County District Attorney  
Bad Check Unit  
1355 West Street  
Redding, CA 96001-1632  
Telephone: (530) 245-6335**

Name, address, and \_\_\_\_\_  
phone # of Victim or \_\_\_\_\_  
business \_\_\_\_\_  
(store stamp OK) \_\_\_\_\_  
(Please print) \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

1) \_\_\_\_\_  
CHECK NO. CHECK DATE CHECK AMOUNT

**Staple Original Check Here**

- Yes No**
- Did the person who received check witness the check writer's signature or endorsement?
- Did the person who received check initial the check as evidence of witnessing signature?
- Was the check writer's CDL verified?
- Was the check writer known to the person accepting the check?
- Was the check received through the mail?
- Was the check PRE-or POST-DATED at time of acceptance?

BANK FEES: \_\_\_\_\_ (actual)

ACCEPTOR: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

- Yes No**
- Does this matter involve two-party checks?
- Was the check received in Shasta County?
- Was there an agreement to hold this check?
- Did the check writer return the goods purchased with the bad check?

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_  
CHECK NO. CHECK DATE CHECK AMOUNT

**Staple Original Check Here**

- Yes No**
- Did the person who received check witness the check writer's signature or endorsement?
- Did the person who received check initial the check as evidence of witnessing signature?
- Was the check writer's CDL verified?
- Was the check writer known to the person accepting the check?
- Was the check received through the mail?
- Was the check PRE-or POST-DATED at time of acceptance?

BANK FEES: \_\_\_\_\_ (actual)

ACCEPTOR: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

- Yes No**
- Does this matter involve two-party checks?
- Was the check received in Shasta County?
- Was there an agreement to hold this check?
- Did the check writer return the goods purchased with the bad check?

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The check in question is pre-criminal prosecution. By submitting this check for prosecution, I AGREE NOT TO ACCEPT RESTITUTION FROM THE CHECK WRITER OR HIS/HER AGENT. I certify that this report is true, accurate, and complete to the best of my knowledge. Checks will be retained as evidence for three years from the date written on the check and thereafter will be destroyed. If you wish the check(s) returned, please contact this office in writing prior to the destruction date. If prosecution is not possible and you wish to pursue criminal proceedings, the check will be returned to you.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

Please print name, address,  
and phone number of person  
filing report.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone No. \_\_\_\_\_

Please print the completed form with supporting documentation and drop off at the address below:

SHASTA COUNTY DISTRICT ATTORNEY  
BAD CHECK UNIT  
1355 WEST STREET  
REDDING, CA 96001

Or email:

\* if this button does not work for you, please save the form, attach it and send to [shastabcu@co.shasta.ca.us](mailto:shastabcu@co.shasta.ca.us)