

WITNESS FORM

INSTRUCTIONS: Please read the GUIDEBOOK before completing this form. Incomplete Witness Statements may be returned to you. DO NOT ACCEPT PAYMENT from the check writer after you have submitted the forms and check(s) to the Bad Check Program.

A. VICTIM

Name: _____

Address: _____

Person handling check cases: _____

B. CHECK PASSER

Name: _____

Address: _____

Telephone: _____

(Essential Information) AZ Driver's License No: _____

Other I.D. information (job, family, friends): _____

Check Number _____ \$ Amount _____ Date _____

C. EMPLOYEE/WITNESS who accepted check

Name: _____

Address: _____

Telephone (work): _____ (home): _____

Date Demand Letter mailed: _____

Be sure to enclose **ORIGINAL** check(s), or a certified bank copy and a copy of Demand for Payment Notice.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature of Victim/Representative: _____ Date: _____