

Pima County Attorney's Office  
Bad Check Program  
**WITNESS FORM**

**INSTRUCTIONS: Please read the GUIDEBOOK before completing this form. Incomplete Witness Statements may be returned to you. USE ONE FORM FOR EACH CHECK SUBMITTED**

<b>Please answer the following questions, print all information in ink and sign below.</b>	<b>NO</b>	<b>YES</b>
1. Was this check presented to a financial institution more than 30 days after the check's date?		
2. Was the check post-dated at the time of acceptance?		
3. Does this matter involve a dual-signature or two-party check?		
4. Was the check received as a payment on an account?		
5. Were you asked to hold or delay depositing the check?		
6. Does the check involve an extension of credit?		
7. Have you received a civil judgment in your favor involving this check?		
8. Is the check dated more than two (2) years ago?		
9. Was the check assigned by a payee to a guarantor?		
<b>A "Yes" answer to any of the above questions indicates this is a Civil Matter ineligible for the Program</b>	--	--

Check Number \_\_\_\_\_ \$ Amount \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Address where check was passed/accepted: \_\_\_\_\_  
 How was check received? ( ) In person ( ) Mail ( ) Drop Box ( ) COD for Purchase ( ) USPS/Express  
 Date Demand for Payment Notice sent: \_\_\_\_\_  
 Demand for Payment Notice was sent by: ( ) Certified Mail ( ) First Class Mail\* ( ) Personal Delivery  
 \*If sent by First Class Mail, also include the Affidavit of Mailing.

**Staple ORIGINAL check or certified bank copy and a copy of Demand for Payment Notice**

CHECK WRITER Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Any other information that would identify or locate the check writer (DOB, SSN, Physical Description, Car license #, Other names used, Employer, Family/Friend etc): \_\_\_\_\_

EMPLOYEE/WITNESS who accepted check: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (work): \_\_\_\_\_ (home): \_\_\_\_\_

Can you verify this as the check you accepted? ( ) No ( ) Yes—because of:  
     ( ) Deposit stamp on back ( ) Witness Initials ( ) Witness Handwriting ( ) Other \_\_\_\_\_  
 Did you record Driver's License Number or Arizona ID Number on the Check? ( ) No ( ) Yes, # \_\_\_\_\_  
 Is it your normal practice to compare Photo ID with the check writer standing in front of you? ( ) Yes ( ) No

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

\_\_\_\_\_  
 Date \_\_\_\_\_  
 Witness Signature

**If witness no longer employed:** \_\_\_\_\_  
 Authorized Agent Name

\_\_\_\_\_  
 Date \_\_\_\_\_  
 Authorized Agent Signature