

**STEPHEN A. KUNZWEILER
TULSA COUNTY DISTRICT ATTORNEY
BOGUS CHECK RESTITUTION PROGRAM REQUEST**

NOTE: COMPLETE ONE FORM PER CHECK WRITER. YOU MAY LIST MORE THAN ONE CHECK PER FORM.

LEGAL NAME OF FIRM REPORTING OFFENSE:		ADDRESS		CITY, STATE		ZIP	
NAME OF PERSON REPORTING AND POSITION:		PHONE NUMBER		WAS CHECK ACCEPTED IN TULSA COUNTY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				WAS CHECK ACCEPTED BY U.S. MAIL?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				WAS DELIVERY TO TULSA BY C.O.D.?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHECKWRITER INFORMATION							
NAME OF PERSON PASSING CHECK		ADDRESS		CITY, STATE		ZIP	
HOME PHONE		EMPLOYMENT		ADDRESS		TELEPHONE NUMBER	
DOB OR AGE	SOCIAL SECURITY NO. / DRIVERS LICENSE		STATE	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	HEIGHT	WEIGHT
						RACE	HAIR
							EYES
WHO ACCEPTED CHECK FROM WRITER?		CHECK NUMBER(S)		RECEIVED FOR CHECK			
				<input type="checkbox"/> SERVICES <input type="checkbox"/> MERCHANDISE <input type="checkbox"/> CASH <input type="checkbox"/> LABOR <input type="checkbox"/> RENT <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
LOCATION CHECK ACCEPTED		DO YOU WISH TO PROSECUTE ON THIS MATTER?		If you wish to prosecute, please complete the endorsed Affidavit of Probable Cause Form			
		<input type="checkbox"/> YES <input type="checkbox"/> NO					

1. Was the check postdated? YES NO
2. Was the check in payment of a charge or credit account? YES NO
3. Was there an agreement to hold the check? YES NO
If so, till when? _____
4. Have you received any payment on check(s)? YES NO

**(IF YES HAS BEEN MARKED TO ANY OF THE
QUESTIONS, THE CHECK YOU HAVE RECEIVED
DOES NOT QUALIFY FOR CRIMINAL ACTION
THROUGH OUR DEPARTMENT.)**

PLEASE READ:

We certify that the check was not a postdated check, a hold check, a payment on a charge or credit account, a credit item, a counter draft, or a two-party check. We further agree that once this form is submitted to the District Attorney's Office with the original check, that all payments by the check writer must be paid directly to the District Attorney's Office. The check writer will be responsible for the check amount, a return check fee to the merchant of \$25.00, and a District Attorney Fee of \$108.00 to \$128.00 depending on the check amount. This program is funded through the District Attorney Fees paid by the check writer and therefore, available to the merchants free of cost. If payment is accepted and not turned to the District Attorney's Office, the merchant or victim could be held responsible for the District Attorney Fee. **(MAKING A FALSE REPORT IS A CRIME.)**

WE ONLY ACCEPT MONEY ORDERS OR CASHIER'S CHECKS.

SIGNATURE

TITLE

DATE

RETURN FORM TO: Tulsa County District Attorney
500 S Denver, Suite 109
Tulsa, OK 74103-3832
(918) 596-4990

**ATTACH ORIGINAL CHECK(S) HERE
(PLEASE STAPLE)**

PLEASE DO NOT TAPE CHECK

IN THE DISTRICT COURT WITHIN AND FOR TULSA COUNTY
STATE OF OKLAHOMA

STATE OF OKLAHOMA,)
)
 Plaintiff,)
)
 vs.) CASE NO.
)
)
 _____)
 Defendant.)

AFFIDAVIT OF PROBABLE CAUSE

The undersigned affiant, of lawful age, citizen of _____,
(city)
_____, being first duly sworn, upon oath deposes and states as follows:
(state)

That on or about _____, the defendant obtained _____
(date of occurrence) (merchandise, service or benefit)

from the victim _____, located at _____
(name of business or victim) (address of business or victim)

_____, City of _____, _____ County, State

of _____. The defendant presented his/her business/personal check

number _____, account number _____, drawn on _____
(bank name)

_____ in the amount of \$ _____.

_____ deposited said check within 30 days and it was
(name of business or victim)

returned through normal banking procedures marked _____
(insufficient funds or account closed)

The defendant has failed to redeem said check within (5) five days.

DESCRIPTION OF DEFENDANT

Name: _____ Date of Birth: _____
Address: _____ Soc. Security #: _____
_____ Driver's License #: _____
Race: _____ Sex: _____ Hgt: _____ Wgt: _____
Hair Color: _____ Eye Color: _____ Other Markings: _____

WHEREFORE, affiant prays this Honorable Court to issue a warrant for the arrest of the within named Defendant, that he/she may be brought before a magistrate and held to answer for the offense of **OBTAINING** _____ **BY BOGUS CHECK.**
(merchandise, service or benefit)

AFFIANT

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My Commission Expires: _____.

NOTARY PUBLIC