

# Cover Sheet

## PINAL COUNTY ATTORNEY'S OFFICE BAD CHECK PROGRAM

### COVER SHEET FOR FILING BAD CHECKS WITH THE BAD CHECK PROGRAM

1. DATE \_\_\_\_\_

2. VICTIM NAME \_\_\_\_\_

3. Address \_\_\_\_\_

4. Store location or number \_\_\_\_\_

5. Number of Check Transmittal Forms enclosed \_\_\_\_\_

6. Number of checks enclosed \_\_\_\_\_

7. Name of person submitting packet \_\_\_\_\_



If this is the **FIRST TIME** you have submitted a check to the Bad Check Program for collection/prosecution, please complete the following:

Read the Pinal County Attorney Bad Check Handbook to ensure that all appropriate procedures have been followed. Be sure to include this form, and a Check Transmittal Form for each check. Complete items 2-7 above. In addition, please complete:

Legal business name \_\_\_\_\_

Business mailing address \_\_\_\_\_

Physical address if different \_\_\_\_\_

Name of your organization's contact person when questions arise \_\_\_\_\_

Telephone number \_\_\_\_\_

Name of owner or manager \_\_\_\_\_

Telephone number \_\_\_\_\_ FAX number \_\_\_\_\_

How should restitution checks be made out? \_\_\_\_\_

Address to send restitution \_\_\_\_\_

Name of Headquarters \_\_\_\_\_

Headquarters address/ZIP \_\_\_\_\_

Headquarters telephone \_\_\_\_\_

Name of headquarters contact person \_\_\_\_\_ Title: \_\_\_\_\_

Type of business of store \_\_\_\_\_

Do you have multiple sites Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_

**IF YOU HAVE FURTHER QUESTIONS, CALL THE BAD CHECK OFFICE AT:**

**(800) 237-5924**

**(520) 868-6604**