



Kane County State's Attorney's Check Enforcement Program

Check Complaint Form

Submit to:

State's Attorney's
Check Enforcement Program
P.O. Box 35
South Elgin, IL 60177

Contact us at: 1-888-616-6478 or the website at www.hotchecks.net/kane

VICTIM INFORMATION

Company Name _____ Merchant Program No. _____

The undersigned states that he/she has actual knowledge of the facts stated below and believes that they are true as presented. Further, the undersigned relinquishes all rights for acceptance of restitution unless directed by the State's Attorney's Office.

Print Name: _____

Title: _____

Signed: _____

Date: _____

☐ Certain checks are civil rather than criminal issues. Please check this box to verify that no check(s) submitted were post-dated or accepted as payment on an account and that there was no agreement to hold any check.

CHECK-WRITER INFORMATION

Name: First _____ Middle _____ Last _____ Suffix _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Date of Birth _____ Gender: M ☐ F ☐

Employer _____ Work Phone _____

Driver's License # _____ State Where Issued _____ Other Photo ID _____

Please list any additional information to help identify or locate the check writer:

IMPORTANT

It is important to try to establish positive ID. It can be done two ways:

(1) if photo ID is verified and noted or (2) the person taking the check can positively identify the check writer. If possible, list the name of the person who can positively identify the check writer for each check below.

Qualifying Checks:

- Insufficient funds or Non-sufficient funds
- Closed account
- No account

☒ Nonqualifying Checks

- Two-party checks
- Stop payment checks
- Post dated, pre-dated or altered checks
- Agree-to-hold checks
- Counterfeit or forged checks
- Checks older than 180 days

CHECK INFORMATION

1 Reason check was dishonored: ☐ NSF ☐ Account Closed ☐ No Account

Was partial payment accepted? ☐ Yes ☐ No
If yes, what amount?

Ck. No. _____ Date passed _____ Amount _____
\$ _____

Was photo ID verified? Y/N

Person who accepted check

Can the person who accepted this check positively identify the check writer? ☐ Yes ☐ No

2 Reason check was dishonored: ☐ NSF ☐ Account Closed ☐ No Account

Was partial payment accepted? ☐ Yes ☐ No
If yes, what amount?

Ck. No. _____ Date passed _____ Amount _____
\$ _____

Was photo ID verified? Y/N

Person who accepted check

Can the person who accepted this check positively identify the check writer? ☐ Yes ☐ No

3 Reason check was dishonored: ☐ NSF ☐ Account Closed ☐ No Account

Was partial payment accepted? ☐ Yes ☐ No
If yes, what amount?

Ck. No. _____ Date passed _____ Amount _____
\$ _____

Was photo ID verified? Y/N

Person who accepted check

Can the person who accepted this check positively identify the check writer? ☐ Yes ☐ No

4 Reason check was dishonored: ☐ NSF ☐ Account Closed ☐ No Account

Was partial payment accepted? ☐ Yes ☐ No
If yes, what amount?

Ck. No. _____ Date passed _____ Amount _____
\$ _____

Was photo ID verified? Y/N

Person who accepted check

Can the person who accepted this check positively identify the check writer? ☐ Yes ☐ No

Attach demand letter or return receipt from your Certified Mail notice to back. If notice was unclaimed, attach it to indicate that it was undeliverable. Please attach Original or Bank-generated Substitute Check(s) here.