

**TIM HARRIS  
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:	(AC)	TELEPHONE 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 enclosed 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. 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  
201 W. 5th Street  
Suite 450  
Tulsa, OK 74103-4211  
(918) 596-4815 or (918) 596-4816

**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**