



BAD CHECK CRIME REPORT
YORK COUNTY DISTRICT ATTORNEY
TIM BARKER

Mailing:
Bad Check Diversionary Program
York County District Attorney's Office
45 N. George Street
York, PA 17401

Phone: (717)771-9600
Email: BadCheck@YorkCountyPA.gov

Victim/ Merchant Name: _____
Contact Name: _____ Title: _____
Victim Contact Information:
Email: _____
Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Check Writer's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone: _____
Driver's License Number: _____ State: _____
Date of Birth: _____

Check Information:

Check No: _____ Date Passed: _____ Face Value of Check: _____
Name of Person accepting Check: _____
Can person ID check writer? Yes _____ or No _____

Is a notice of your service fee conspicuously displayed on your premises? Yes ___ or No ___
If yes, what is the service fee on your notice? _____

Address where check was accepted (if different than Victim/Merchant address):
Address: _____
City: _____ State: _____ Zip Code: _____

Attachment:

(The following documents must be submitted for the report to be processed: • Copy of the returned check • Copy of the courtesy notice • Proof the notice was sent U.S. Certified Mail)
____(Attachment box)____

Additional Information (not a required field):

_____ **(Box to type)** _____

By signing and submitting this report you acknowledge the following:

- I will not accept direct payment from the check writer after filing this report with the Bad Check Diversionary Program, unless notified an agreement is entered into.
- I understand that the check writer has the option to dispute this claim in writing with the Bad Check Diversionary Program.
- If this crime report is not completely filled out it may be rejected and returned.
- I attest that I have sent courtesy notice to the check writer via U.S. Certified Mail including return receipt and after 10 days it remains unpaid.
- I have reviewed the filing instructions, I hereby affirm and attest under penalty of perjury, that all information provided on this crime report is true to the best of my knowledge.

Name of Person Filing: _____ Date Filed: _____

Signature: _____ (Signature box) _____