



THIRD JUDICIAL DISTRICT ATTORNEY'S OFFICE WORTHLESS CHECK PROGRAM

Worthless Check Program Address:
845 North Motel Blvd., Room 230
Las Cruces, NM 88007
WWW.DONAANACOUNTYDA.COM

Worthless Check Program Contact:
(575)524-6370

INELIGIBLE CHECKS: The following types of checks are ineligible for the program.

*Two-party checks *Post-dated or altered checks *Stop Payment checks *Checks you agreed to hold before depositing

PLEASE PRINT ALL INFORMATION IN INK AND SIGN.

Prior to submitting your check, a 10-Day Notice MUST be sent to the check writer, see reverse side for instructions. Checks stamped **ACCOUNT CLOSED** or **NO ACCOUNT** do not need a notice. Attach original/legal copy of check, copy of notice, and any other paperwork involving this complaint.

CHECK WRITER INFORMATION:

Check writer's first and last name

(The person who signed the check not the business name) _____

Address(es) _____

City _____ State _____ Zip _____ Home Phone # _____ Other Phone # _____

SS # _____ Sex _____ M _____ F Race _____ DOB ____/____/____ Age _____ Height _____' _____"

DL# _____ State _____ **IF OUT OF STATE DL# YOU MUST PROVIDE VITAL STATISTICS ON SUSPECT**

Check # _____ Date check written _____ Amount of check _____ What was check for _____

Photo ID verified? _____ Reason check dishonored _____ NSF _____ Account Closed _____ No Account Partial Payment Accepted? _____ Amount? _____

FIRST and LAST name of person who accepted check, not cashier # _____

Can the person who accepted the check personally identify the check writer? Yes No

VICTIM INFORMATION:

Victim and/or Firm Name _____ Phone _____ Ext _____

Victim Address _____ City _____ State _____ Zip _____

Email Address _____ Fax _____

Address where check was accepted if different from victim address _____ Bank Fee: _____

I understand I must NOT accept restitution from the check writer after filing this complaint with the Worthless Check Program unless I'm notified the suspect has failed this program and the case is being reviewed for criminal prosecution. Initial here _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

See reverse side for filing instructions

INSTRUCTIONS FOR FILING YOUR WORTHLESS CHECK COMPLAINT:

FILL OUT ALL SECTIONS OF COMPLAINT FORM. If you have more than one check, complete a complaint form for each check. Attach original check and all supporting documents such as copy of Notice, invoice, contract, etc. making sure to copy everything for your records. The Third Judicial District Attorney's Worthless Check Program will seek full restitution for victims whenever possible; provided there is sufficient information, and the case meets all eligibility guidelines; however, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. Mail all paperwork directly to the Third Judicial District Attorney's Worthless Check Program at:

**845 North Motel Blvd, Ste D.
Las Cruces, NM 88007**

Any questions you have concerning your complaint call: (575) 524-6370.

Once a complaint has been filed the Worthless Check Program must coordinate all restitution payments. Should the check writer contact you to make payments, direct them to the Worthless Check Program at (575)524-6370. Occasionally the suspect may fail the diversion program and your file will then be reviewed for prosecution.

IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL A SUMMONS HAS BEEN SERVED ON THE CHECK WRITER TO APPEAR IN COURT. This office will retain all checks as a matter of official record. If for some reason the case is not prosecutable, the check (s) will be returned to you upon request.

SAMPLE NOTICE LETTER

New Mexico Worthless Check Statute, Section 30-36-1, NMSA 1978

Date _____

Check Writer Name _____

Address _____

City, State Zip _____

Dear _____ (check writer):

You are hereby notified that check numbered _____ in the face amount of \$ _____, issued by you on _____ (date of check) drawn upon _____ bank, and payable to _____, has been dishonored. You have **10 days from the date of this notice to tender payment** of the full amount of such check, plus a service charge of _____ (Bank Fee). The total amount due being _____ Dollars and _____ cents. Please submit payment in full to _____ (name & address).

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the Third Judicial District Attorney's Office for criminal prosecution review.

Person/Firm _____

Giving notice _____

Address _____

City, State, Zip _____