

**MARICOPA COUNTY ATTORNEY'S OFFICE CHECK ENFORCEMENT PROGRAM
VICTIM INFORMATION FORM**

Submit the Victim Information Form with the Submittal/Witness Form if this is the first time you are submitting a check to the Check Enforcement Program. A Victim Identification Number will be assigned and sent to you by mail. If you already have a Victim Identification Number you do not need to complete the Victim Information Form; however, you must write your Victim Identification Number on the Submittal/Witness Form. **You may also submit the Victim Information Form when you wish to update pertinent information.**

Check one: This is my first time submitting a check to the Check Enforcement Program _____ or, I need to update pertinent information _____. If this is an update, what is your Victim Identification Number? _____.

Answer ALL questions completely. Please **PRINT** clearly. Questions: 602-372-7300; mcaocheck@mcao.maricopa.gov.
Submit To: Maricopa County Attorney's Office, Check Enforcement, 11 West Jefferson Street, 2nd Floor Phoenix, AZ 85003.

INDIVIDUAL VICTIM (Not a Business)

Print Name: _____
Full address: _____ **City** _____ **State** _____ **Zip code** _____
Phone number: _____ **Check one:** Home ___ Cell ___ Business/Work ___
E-mail Address: _____
Signature: _____ **Date:** _____

BUSINESS VICTIM

PRINT Legal business name: _____
DBA (if applicable): _____
Business mailing address: _____ **City** _____
State _____ **Zip code** _____ **Should the restitution check be mailed to this address?**
Check one: Yes _____ No _____
Physical mailing address: (If different from above) _____ **City** _____
_____ **State** _____ **Zip code** _____ **Should the restitution check be mailed to this address?**
Check one: Yes _____ No _____
Store # (if applicable) _____
Phone number: _____ **Fax number:** _____
E-mail Address: _____
Type of business: _____
Contact person's name: _____
Title of contact person: _____
Restitution checks should be made payable to: _____
Signature: _____ **Date:** _____