



Bad Check/Marker Complaint Form

Clark County District Attorney

Bad Check Diversion Unit
 200 Lewis Avenue LL 246, Las Vegas, NV 89101
 (702) 671-4701 Fax (702) 455-6410

Any "yes" answer indicates that this matter should be handled through the appropriate civil courts.



Does this complaint involve a **post-dated** check?
 Does this complaint involve a **two party** check?
 Was **partial payment** received on this account?
 Does this complaint involve an **extension of credit**?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|-------------------------|---------------|
| DA's Office Use Only | Case # |
|-------------------------|---------------|

| Information Regarding Issuer | | | | | | | |
|------------------------------|---------------------|------------------|---|---------------------|------------------|--|--|
| First Name: | Middle Name: | Last Name: | | | Suffix (if any): | | |
| SSN: | Date of Birth: | Race: (if known) | <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | |
| Address 1: | | | | | | | |
| Address 2: | | | | | | | |
| City: | State: | Zip: | Country: | | | | |
| Phone #: | Driver's License #: | | | State Where Issued: | | | |
| Picture ID Type: | ID #: | | | State Where Issued: | | | |
| Passport #: | Country: | Hair: | Eyes: | Height: | Weight: | | |

| Check/Marker Information | | | | |
|---|-------|----------------------|--------------------|---|
| Check/Marker #: | Date: | Check/Marker Amount: | Returned Item Fee: | Certified Mail Costs: |
| Name & Address of Person Accepting Check/Marker: | | | | Still Employed: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Purpose of Check/Marker (Required – please attach detailed explanation of transaction): (wages, rent, merchandise, services, gaming, etc.) | | | | |
| Physical location where check was passed: | | | | |
| Institute or Bank Check Drawn On: | | | Account number: | |

| Victim Information | | |
|-----------------------------|--------------------------------|--------|
| Victim or Business Name: | Corporate Name (if different): | |
| Mailing Address: | | |
| City: | State: | Zip |
| Contact Name (please print) | Phone #: | Fax #: |
| Contact E-mail Address: | | |

I (WE) hereby authorize the Clark County District Attorney or his designee as my agent to endorse and cash any negotiable instrument tendered by or on behalf of the drawer of the check presented for collection by this request and to obtain any bank or financial institution information regarding the drawer of this check to which we may be entitled.

I (WE) hereby certify that all information in this complaint is true and accurate to the best of my knowledge.

| | | |
|--|-------------|-------|
| <input checked="" type="checkbox"/> Signature: | Print Name: | Date: |
|--|-------------|-------|

Additional Information Needed from Gaming Establishments for Prosecution

| Credit Application | | | |
|---|-------|---|--------|
| Name on Credit Application: | | Does applicant speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>not</u> , did someone help him fill out form? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of person helping: | |
| Residential Address Listed on Credit Application: | | City: | State: |
| Business Address Listed on Credit Application: | | City: | State: |
| Bank Accounts to Be Used by Casino for Redemption/Submittal | | | |
| Business Account | Bank: | Account Number: | |
| Personal Account | Bank: | Account Number: | |
| Other Account | Bank: | Account Number: | |
| Other Account | Bank: | Account Number: | |
| Date of Application: | | Date information last updated: | |
| Date photo taken: | or | Government Issued Photo ID Used (type & number): | |
| Fingerprint or thumbprint on application <input type="checkbox"/> yes <input type="checkbox"/> no | | Fingerprint or thumbprint on marker(s) or check(s) <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Casino Employee(s) taking above information: | | | |
| Please attach copy of application and documentation of any phone calls or correspondence to and from customer regarding markers. | | | |

| Markers & Checks | | |
|---|-----------------|--|
| Date(s) marker(s) or check(s) signed: | | |
| Witnesses observing and/or involved with the process of customer signing marker(s) or check(s) | | |
| Name: | Title: | Did he/she observe marker being signed? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Name: | Title: | Did he/she observe marker being signed? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Name: | Title: | Did he/she observe marker being signed? <input type="checkbox"/> yes <input type="checkbox"/> no |
| What is the casino's normal course of business (disposition) agreed to on redeeming/submitting marker for this person: <input type="checkbox"/> On checkout <input type="checkbox"/> 7 days <input type="checkbox"/> 15 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other (explain) | | |
| Was the normal course of business followed in this case? <input type="checkbox"/> yes <input type="checkbox"/> no | If no, why not? | Who approved change: |
| Was there an agreement to discount losses? <input type="checkbox"/> yes <input type="checkbox"/> no | | If yes, by whom & in what amounts: |

| Miscellaneous Information | | | |
|---|--|---|---|
| If customer stayed at hotel | Arrival date: | Departure date: | <input type="checkbox"/> Paid <input type="checkbox"/> Complimentary |
| Past Playing History | Number of times stayed/played at hotel/casino: | Were previous markers redeemed by customer or submitted to bank? <input type="checkbox"/> redeemed <input type="checkbox"/> submitted | Name of host(s) who deal with customer: |
| Have you received notice of any bankruptcy proceedings regarding these markers? | | | |
| Names of Persons Contacting Customer Regarding these Markers or Checks | | | |
| Person: | Date: | What was said: | |
| Person: | Date: | What was said: | |
| Person: | Date: | What was said: | |
| Please attach additional sheets as needed and provide all applicable documents to disclose full information about this case. | | | |