

**CITIZENS DISPUTE SETTLEMENT PROGRAM**

**CHECK RESOLUTION SERVICE**

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**PLEASE TYPE OR BLOCK PRINT ALL INFORMATION**

I. DEFENDANT:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Last) (First) (M.I.)

C/O \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

ID #/Type \_\_\_\_\_ Social Security # \_\_\_\_\_  
DOB/Age \_\_\_\_\_

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II. COMPLAINANT:

Name of Rep \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Name of Business \_\_\_\_\_

Location \_\_\_\_\_  
(Street) (City) (State) (Zip)

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III. CHECK INFORMATION: Check Writer Notification  Certified Mail/Date Sent \_\_\_\_\_

Check was drawn on \_\_\_\_\_ Located in \_\_\_\_\_  
(City) (State)

Check Number	Date Written	Where Passed (City or Co.)	Reason Returned (NSF or CA)	Amount of Check	Business Service Fee (\$30 maximum per check)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

Total Check Amount \$ \_\_\_\_\_  
Total Business Fees \$ \_\_\_\_\_  
CRS Case Filing Fee \$ 15.00  
TOTAL OWED FROM ALL CARDS \$ \_\_\_\_\_