

CITIZENS DISPUTE SETTLEMENT PROGRAM

CHECK RESOLUTION SERVICE

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 _____

II. COMPLAINANT:

Name of Rep _____ Phone _____ Ext. _____

Name of Business _____

Location _____
(Street) (City) (State) (Zip)

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 \$ _____