

WORTHLESS CHECK REPORT

A. VICTIM/COMPLAINANT

NAME (FIRM NAME IF BUSINESS) _____

ADDRESS _____

PHONE # _____ CONTACT PERSON _____

B. PERSON ACCEPTING CHECK

NAME _____ TITLE _____

RESIDENCE ADDRESS _____

PHONE #: RESIDENCE _____

CAN PERSON ACCEPTING CHECK IDENTIFY PASSER? YES _____ NO _____

WAS CHECK PREPARED IN PRESENCE OF PERSON ACCEPTING CHECK? YES ___ NO ___

C. CHECK

AMOUNT _____ DATE CHECK PASSED _____ CHECK # _____

REASON RETURNED: NSF ___ ACCT CLOSED ___ NO ACCT ___ OTHER ___

D. PERSON PASSING CHECK

NAME _____ PHONE _____

DRIVER'S LICENSE # _____ SSN _____ DATE OF BIRTH _____

EMPLOYER _____ PHONE _____

OTHER INFORMATION _____

E. CERTIFIED LETTER

DATE 10-DAY NOTICE SENT _____

(ATTACH RETURN RECEIPT OR UNCLAIMED LETTER AND A COPY OF THE NOTICE)

F. PROSECUTION

I _____ AS A REPRESENTATIVE FOR _____
HEREBY REQUEST THAT THE DISTRICT ATTORNEY'S OFFICE INITIATE ACTION TO
COLLECT THE ABOVE DESCRIBED CHECK AND FURTHER STATE THAT I/WE WILL
PROSECUTE THE PERSON WHO PASSED SAID CHECK IF, IN THE SOLE DISCRETION OF
THE DISTRICT ATTORNEY, SUCH CRIMINAL PROCEEDINGS BECOME NECESSARY. I
**UNDERSTAND THAT ONCE A CHECK HAS BEEN FILED WITH THE DISTRICT ATTORNEY,
PAYMENT CANNOT BE ACCEPTED, BY ME OR MY COMPANY, FROM THE CHECKWRITER.**

DATE: _____ COMPLAINANT _____