

SAMPLE - 10 DAY LETTER

DATE

Name/Address

Dear _____:

Your check made payable to _____ in the amount of
(merchant)
\$ _____, dated _____, drawn on the bank of
(amount of check) (date of check)
_____, _____, has been refused for payment
(Name of Bank) (Town/State bank located)

by the drawee for the following reasons:

Insufficient Funds _____ Account Closed _____ Other _____
(reason)

If the above-described check is not redeemed in full within ten (10) days from the receipt of this letter, it will be turned over to the Bossier Parish District Attorney's Office for prosecution.

Yours truly,

Merchant

WORTHLESS CHECK REPORT FORM

VICTIM

NAME (FIRM NAME IF BUSINESS) _____

ADDRESS _____ PHONE NUMBER _____

PERSON ACCEPTING CHECK

NAME _____ TITLE _____

RESIDENCE ADDRESS _____

PHONE NUMBERS RESIDENCE _____ BUSINESS _____

CAN PERSON ACCEPTING CHECK IDENTIFY PASSER: YES _____ NO _____

WAS CHECK PREPARED IN PRESENCE OF PERSON ACCEPTING CHECK: YES _____ NO _____

CHECK

AMOUNT _____ DATE ON CHECK _____

DATE PASSED _____

BANK _____

BANK ADDRESS _____

REASON RETURNED: NSF _____ ACCOUNT CLOSED _____ OTHER _____

CHECK ISSUED FOR _____

PERSON PASSING CHECK

NAME _____ PHONE NUMBER _____

ADDRESS SHOWN ON CHECK _____

ADDRESS SHOWN ON DRIVER'S LICENSE _____

DRIVER'S LICENSE NUMBER _____

DATE OF BIRTH _____ SEX _____ RACE _____

HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

CERTIFIED LETTER

I, _____, as a representative for
(name of complainant)

_____ hereby request that the District
(merchant)

Attorney's Office initiate action to collect the above described check and further state that the District Attorney will prosecute the person who passed said check if in the sole descretion of the District Attorney's Office 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 the firm from the person passing the check.

COMPLAINANT: _____

DATE: _____