

# 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: \_\_\_\_\_