

# Worthless Check Report

## VICTIM:

Victim Name or Name of a Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## PERSON ACCEPTING CHECK:

Name \_\_\_\_\_ Date on Check \_\_\_\_\_

Date Passed \_\_\_\_\_

## CHECK:

Bank \_\_\_\_\_

Bank Address \_\_\_\_\_

Reason Returned: NSF \_\_\_\_\_ Account Closed \_\_\_\_\_ Check Number \_\_\_\_\_

Other \_\_\_\_\_ Amount Check Issued for \$ \_\_\_\_\_

## PERSON PASSING CHECK

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address shown on Check \_\_\_\_\_

Driver's License State \_\_\_\_\_

Driver's License NO. \_\_\_\_\_ Social Security NO. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

## CERTIFIED LETTER

Was a Ten Day Notification Sent: Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, attach a copy of the Ten Day Letter and Original Return Receipt**

I, \_\_\_\_\_ as a representative for \_\_\_\_\_ hereby request that the District Attorney's Office prosecute the person who passed said check if the sole discretion of the District Attorney's Office such criminal proceedings become necessary. **I UNDERTSAND THAT ONCE A CHECK HAS BEEN FILED WITH THE DISRTRICT ATTORNEY'S OFFICE; PAYMENT CANNOT BE ACCEPTED BY ME OR THE FRIM FROM THE PERSON PASSING THE CHECK.**

This space is for DA use only

COMPLAINANT: \_\_\_\_\_

DATE: \_\_\_\_\_