

Worthless Check Report

VICTIM/BUSINESS

Name (Firm Name if a Business) _____

Address _____ Phone _____

PERSON ACCEPTING CHECK (Victim/Employee)

Name/Employee _____ Employee's ID# _____

Last four of the Social Security Number _____ Date Accepted the Check _____

Residence Address _____

Phone Numbers Residence _____ Business _____

CAN PERSON ACCEPTING CHECK IDENTIFY PASSER: YES _____ NO _____

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

CHECK INFORMATION:

Bank _____ Address _____

Reason Returned: NSF _____ Account Closed _____ Check Number _____

Other _____ Amount Check Issued for \$ _____

PERSON PASSING CHECK (Check Writer)

Name _____ Phone _____

Address shown on Check _____

Address shown on Driver's License _____

Driver's License NO. _____ Social Security NO. _____

Date of Birth _____ Sex _____ Race _____

Height _____ Weight _____ Eyes _____ Hair _____

CERTIFIED LETTER:

- 1) Attach a copy of the Ten-Day Demand Letter or Original if it was un-deliverable
- 2) Original Return Receipt along with the Green Card

Enter the Return Receipt # _____

I, _____ as a representative

for the _____ 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 UNDERSTAND THAT ONCE A CHECK HAS BEEN FILED WITH THE DISTRICT ATTORNEY'S OFFICE PAYMENT CANNOT BE ACCEPTED BY THE VICTIM / BUSINESS.**

COMPLAINANT SIGNATURE: _____ DATE: _____

Notary Signature

Notary Registration Number

Sworn to and Subscribed Before me this _____ day of _____, 20 _____