

WORTHLESS CHECK REPORT

VICTIM

NAME OR BUSINESS NAME:	
ADDRESS:	PHONE NO.:
CITY, STATE, ZIP:	

PERSON ACCEPTING CHECK

NAME:	TITLE:
RESIDENCE ADDRESS:	
PHONE NO. RESIDENCE:	BUSINESS:
CAN PERSON ACCEPTING CHECK IDENTIFY PASSER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS CHECK PREPARED IN PRESENCE OF PERSON ACCEPTING CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO	

CHECK

AMOUNT: \$	DATE ON CHECK:
DATE PASSED:	
BANK:	
BANK ADDRESS:	
REASON RETURNED: <input type="checkbox"/> NSF <input type="checkbox"/> ACCOUNT CLOSED <input type="checkbox"/> NO ACCOUNT	
OTHER:	
CHECK ISSUED FOR:	

PERSON PASSING CHECK

NAME:	PHONE NO.:		
ADDRESS SHOWN ON CHECK:			
ADDRESS SHOWN ON DRIVER'S LICENSE:			
DRIVER'S LICENSE NO.:			
DATE OF BIRTH:	SEX:	RACE:	
HEIGHT:	WEIGHT:	EYES:	HAIR:

CERTIFIED LETTER

WAS A TEN DAY NOTIFICATION SENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
** ATTACH CERTIFIED CARD (GREEN) OR RETURNED ENVELOPE WITH LETTER**

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 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: _____