

WORTHLESS CHECK INFORMATION

Date Received: _____ Date of Offense: _____

Defendant: _____

Address/City/Zip: _____

Description of Defendant: Sex _____ Race _____ DOB _____ Age _____

Other Identification or Remarks: _____

Name of Individual Who Accepted Check(s): _____

Title of Business: _____

Address of Business: _____

Phone # of Business: _____ FAX # of Business: _____

Doing Business As: Corporation _____ Partnership _____ Individually Owned _____

Amount of Check(s): _____

Received in Return for Check: Cash _____ Merchandise _____

Services _____ Other _____

Name of Bank Check Drawn On: _____

Reason Check Returned: Insufficient Funds _____ Account Closed _____ Other _____

Identification: Drivers License # _____ Identification Card # _____

Who Can Personally Identify the Defendant and How: (Personally acquainted; Regular Customer; Standard Policy): _____

Who Was Check Made Payable to: _____

Who Endorsed Check: _____

Who Contacted Defendant and How: _____

Further Information: _____

AUTHORIZATION: NAME OF PERSON WHO WISHES TO FILE FORMAL CRIMINAL CHARGES

Printed Name: _____ Signature: _____

Title: _____ Place of Birth: _____

Home Address/City/Zip: _____

Home Phone #: _____ Business Phone #: _____

DOB: _____ Age: _____ Race: _____ Sex: _____