

Worthless Check Report

VICTIM:

Name (Firm Name if a Business) _____

Address _____ Phone _____

PERSON ACCEPTING CHECK:

Name _____ Date on Check _____

Date Pased _____

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 _____

Address shown on Driver's License _____

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: _____

