

## WORTHLESS CHECK INFORMATION SHEET

READ CAREFULLY!! I certify that the information furnished below is true and correct according to the best of my knowledge, information and belief. I further certify that this case is not brought for the collection of a debt; and I understand that once this case is turned over for prosecution, **I am not to receive payment toward this case.** I understand that I have no further connection with the case except to testify in the event the case is brought to trial. Any person who wrongfully and corruptly swears or affirms to an affidavit may be subject to criminal charges for the offense of perjury.

(PLEASE PRINT)

Date of this complaint \_\_\_\_\_

NAME OF PERSON WHO ISSUED CHECK \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

State

Zip

TELEPHONE NUMBER \_\_\_\_\_

Home

Work

RACE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

WAS THE DEFENDANT OVER 18 YEARS OF AGE WHEN THE CHECK WAS WRITTEN? \_\_\_\_\_

WHAT IDENTIFICATION WAS PRESENTED AND INFORMATION OBTAINED? \_\_\_\_\_

DO YOU KNOW THE EMPLOYER OF THIS PERSON? \_\_\_\_\_

WHAT DID DEFENDANT RECEIVE AT THE TIME THE CHECK WAS GIVEN? \_\_\_\_\_

NAME AND PHONE NUMBER OF PERSON (CASHIER) WHO ACCEPTED CHECK \_\_\_\_\_

CAN THE PERSON WHO ACCEPTED CHECK MAKE POSITIVE IDENTIFICATION? \_\_\_\_\_

(The following questions must be answered)

DID THE TRANSACTION TAKE PLACE IN MARSHALL COUNTY? \_\_\_\_\_

WHERE DID YOU RECEIVE THE CHECK? \_\_\_\_\_

HAS THIS CHECK BEEN PROCESSED THROUGH A COLLECTION AGENCY OR OTHER LAW ENFORCEMENT AGENCY? \_\_\_\_\_

HAVE YOU ACCEPTED ANY PARTIAL PAYMENTS ON THIS CHECK? \_\_\_\_\_

WAS THE CHECK RECEIVED THROUGH THE MAIL? \_\_\_\_\_

WAS THE CHECK GIVEN TO PAY AN ACCOUNT OR LOAN? \_\_\_\_\_

WAS THIS A HOLD CHECK? \_\_\_\_\_ WAS THIS A POSTDATED CHECK? \_\_\_\_\_

HAVE YOU WRITTEN A CERTIFIED LETTER ADDRESSED TO THE PERSON WHO SIGNED THE CHECK? \_\_\_\_\_ IF NO, IS THE CHECK STAMPED "ACCOUNT CLOSED"? \_\_\_\_\_

(Our office will process checks stamped "Account Closed" without a certified letter, however, you must understand that by choosing not to send this certified letter you are not protected from any civil or criminal liability that may result from this action) IF THIS IS YOUR UNDERSTANDING AND YOU STILL CHOOSE NOT TO SEND THE CERTIFIED LETTER, PLEASE INITIAL HERE \_\_\_\_\_

AMOUNT OF CHECK? \_\_\_\_\_ DATE CHECK WAS GIVEN? \_\_\_\_\_

NAME OF FIRM THAT ACCEPTED CHECK \_\_\_\_\_

ADDRESS OF FIRM \_\_\_\_\_

Street

City

State

Zip

TELEPHONE NUMBER \_\_\_\_\_

Please notify the Worthless Check Unit immediately of any address change.

AFFIANT \_\_\_\_\_ (Signature)

(Please Print Here)

Owner of Business or firm: \_\_\_\_\_

ADDRESS \_\_\_\_\_ (Home)

Address: \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

Phone Number: \_\_\_\_\_