

WORTHLESS CHECK INFORMATION SHEET

IT IS REQUIRED BY THIS OFFICE that a certified letter be sent on NSF checks \$20.00 or more to notify he/she of the returned check and proof of that letter must be provided to this office when filing.

CHECK SIGNER/MAKER:

- 1. NAME _____
- 2. ADDRESS _____
- 3. TELEPHONE () _____ DRIVER'S LICENSE NO. _____
- 4. D/O/B/ _____ SEX _____ RACE _____ HGT. _____ WT. _____ HAIR _____ EYES _____
- 5. EMPLOYER _____ ADDRESS _____
- 6. Additional Information (IF KNOWN) To Locate CHECK SIGNER _____

NOTE: IN ORDER FOR A WARRANT TO BE ISSUED, WE MUST HAVE A VALID DRIVER'S LIC. NUMBER AND DOB. If not provided, this office will make request for payment on your behalf, But will be unable to cause a Warrant to be issued for the arrest of the Check Signer/ Maker.

CHECK INFORMATION:

- 7. Date check accepted _____ Check # _____ Amount \$ _____
- 8. Check Date: _____ Bank Name on check _____
- 9. Item(s) Purchased with check _____
- 10. Name of person who accepted check _____ address _____
- 11. Can person Identify check signer? _____.

CIRCUMSTANCES OF CHECK:

- 12. Was check passed or delivered by maker in Harrison County? _____.
- 13. Was check post dated or were you asked to hold it for any length of time? _____.
- 14. For what reason was check returned from bank? (Check one) NSF _____ ACCOUNT CLOSED _____ OTHER _____
- 15. Has check signer been contacted? _____ How? (Check one) Phone _____ Certified Letter _____ Other _____
- 16. Has PARTIAL PAYMENT been accepted towards this check? _____ If so, check CANNOT be turned into this office for collection.

MERCHANT OR COMPLAINING PARTY:

- 17. Name of Business or Individual _____
- Address _____
- Telephone () _____ Name of Owner or Manager _____

I UNDERSTAND upon filing this case with the CRIMINAL DISTRICT ATTORNEY'S (CDA) OFFICE that full control of this matter will be assumed by this office. I further understand that the purpose in filing this case with the CDA is for lawful prosecution of check offender(s) only, and if Imprisonment and or Jail time is warranted, even without restitution, that I will cooperate with CDA office. I ALSO UNDERSTAND that I will not accept restitution after filing this check with the office of the CDA. I ALSO UNDERSTAND that when a check is filed for prosecution in the CDA office that it becomes part of the official records of the CDA and will NOT be returned to either Payee or to the Check Signer.

Printed Name of Complainant _____ Signature of Complainant _____

Complaint Number _____ Date Received _____ Merchant Number _____