

ATTACH THE FOLLOWING TO THIS REPORT:

- (1) Original Check to front
- (2) Certified receipt of mailing (White Dated Postal Receipt) to back
- (3) A copy of the 10-Day demand letter to back (Do not open the returned letter)
- (4) Signed receipt Accepting Certified Letter and/or the unclaimed/unopened letter to back

CCS # _____
Complainant # _____
Search # _____
OFFICE USE ONLY

WORTHLESS CHECK REPORT

COMPLAINANT:

NAME (Firm name if business) _____

ADDRESS _____ PHONE NO. _____

PERSON PASSING CHECK:

NAME _____ Address on check _____ City _____

State _____ Phone number on check _____ Was check passed by person signing check? YES _____ NO _____

Information taken from a pictured I.D.: Driver's License No. _____ State _____ Exp. Date _____

CHECK INFORMATION:

Bank Name _____ Bank No. _____ Account No. _____

Check No. _____ Date on Check ____/____/____ Date Check Passed ____/____/____ Check Amount \$ _____

Check was issued for the following reason: Cash _____ Merchandise _____ Other _____

Check was returned marked: NSF _____ Acct. Closed _____ Other _____ Processed by Bank ____/____/____

Person accepting check _____ Home Address _____

City _____ State _____ Zip _____ Home Phone _____

RESTITUTION:

- (1) At this time has restitution been made on the check? YES _____ NO _____;
- (2) If no restitution, have there been any contacts with the maker to get restitution? YES _____ NO _____
(If yes, give details on back).
- (3) Has there been any agreement at any time that the maker of the check would be extended credit in any manner regarding said check? (Including but not limited to (1) an agreement to hold the check a certain period of time before it would be sent to the bank or (2) an agreement that additional time would be extended for making restitution) YES _____ NO _____ (If yes, explain on back)

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 prosecution of the said person who passed said check is desired if in the sole discretion of the District Attorney's office such criminal prosecution should be necessary. I understand that once a check has been filed with the District Attorney, payment cannot be accepted by me or the person I represent as to the check filed with the District Attorney.

Representative District Attorney's Office _____ Signature of person turning in check to District Attorney _____

Date received _____ Date brought in to District Attorney's office _____

IF 10-DAY DEMAND LETTER SENT BY MERCHANT FILL OUT INFORMATION BELOW:

Person sending out 10-Day Letter _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Date Certified Letter Mailed ____/____/____ Date Delivered ____/____/____

Signed by _____ Date Signed ____/____/____

If not signed, reason returned to merchant _____