

STATEMENT OF PROBABLE CAUSE

I, _____, knowing that false statements on this form are
(NAME)
punishable by law, state that the facts contained on this form is true.

1. I have probable cause to believe that the Defendant, _____,
(NAME OF THE PERSON WRITING CHECK)

_____, _____, _____, _____, _____
(RACE) (SEX) (DATE OF BIRTH) (SSN) (DRIVERS LICENSE)

committed one or more criminal offense(s):

(Select One): Passing bad checks

Fraudulently Stop Payment

2. The facts supporting this belief are as follows:

a. On or about _____, the Defendant passed a bad check in Boone
(DATE)
County in the amount of \$_____, payable to _____,
(NAME THE CHECK IS MADE OUT TO)
drawn upon _____, knowing that such check
(NAME OF THE BANK ON THE CHECK)
would not be paid.

b. On _____, _____ accepted a check(s)
(DATE) (NAME OF PERSON WHO ACCEPTED THE CHECK)
on the account of the Defendant, from the Defendant. The said check was
returned by the bank.

Signed _____ Date _____