

BAD CHECK COMPLAINT FORM

VICTIM INFORMATION:

Name of the business or person defrauded: _____

Address: _____

Street/City/State/Zip

Phone#: _____ Cell phone#: _____

Name of the person who actually accepted check: _____

His/her home address: _____ City/St/Zip: _____

Home phone#: _____ Cell phone#: _____

Can he/she positively identify the check writer? Yes _____ No _____

Date check was accepted _____

Amount of check: _____ Reason the check was returned: _____ Service charge _____

1) Was there any agreement between the parties to hold this check? Yes _____ No _____

2) Was the check postdated? Yes _____ No _____

3) Was a partial payment accepted? Yes _____ No _____

4) Was the check passed in Boone County? Yes _____ No _____

5) Was the check received in person? Yes _____ No _____

6) Date on the check _____

7) Check drawn on: (Bank) _____

8) Did the offender personally pass the check? Yes _____ No _____

9) Did the offender write the check in your presence? Yes _____ No _____

10) Did you provide written notice? Yes _____ No _____ If so, attach a copy of the notice and certificate of mailing to this form.

11) Who sent the notice letter? _____ Address and phone# _____

12) Was any other notice given? Yes _____ No _____ If so, what? _____

13) By whom was other notice given? _____

14) Was the check turned over to a collection agency before being referred to the Boone County Prosecuting Attorney? Yes _____ No _____

15) What was obtained with this check? _____

16) What identification was shown at the time the check was presented? _____

CHECK WRITER:

Name: _____ Address: _____

City/State/Zip: _____ Date of Birth: _____

Driver's License #: _____ State: _____ Social Security#: _____

Place of employment: _____ Sex: _____ Race: _____

Additional Information regarding the check writer: _____

The above is certified as true and correct by the undersigned this _____ day of _____, 20_____

Complainant

Printed Name