

## 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 because \_\_\_\_\_.  
(REASON CHECK RETURNED)

Signed \_\_\_\_\_ Date \_\_\_\_\_