

BAD CHECK COMPLAINT FORM

(ONE FORM FOR EACH CHECK SUBMITTED)

NOTE: After the complaint has been filed with the District Attorney's Office, if the complainant merchant wishes to withdraw the complaint for good cause, the complainant/merchant shall pay a statutory fee of \$30.00 to the District Attorney's Office for processing such complaint.

COUNTY WHERE CHECK ACCEPTED: _____

VICTIM DATA:

Name of business/person suffering loss on check (specific legal name of company): _____

Business/Person Address: _____

Person Who Accepted Check: _____

Acceptor's Occupation: _____
(Clerk, Manager, Cashier, etc.)

Your Phone No. _____

Acceptor's E-Mail Address: _____ Acceptor's Fax: _____

DEFENDANT DATA:

Defendant's Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ Race: _____ Sex: _____

Date of Birth: _____ SSN or Driver's License No.: _____

Defendant's Place of Employment: _____

Amount of Check: _____ Date Check Accepted: _____

Can Acceptor Identify Suspect? _____ How? _____

Was the Check Writer in Acceptor's Presence? _____

Property Obtained? _____

Did Acceptor Agree to Hold Check? _____ Was Check Post-Dated? _____

Certification

I hereby certify that the above information is true and that my only interest in this matter is the prosecution of the above named individual and I will cooperate with the prosecution of this crime. I will not request that the complaint on this case be dismissed, nor will I accept payment from the above named individual without prior consent and approval of the District Attorney's Office.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____